DEPT.- 65

JOB- 15

REEL- 31

# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF

# VITAL STATISTICS

# DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KF 25007

FORM RM-1 (11-58) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs and Micro. Perm. | | YES [ ] NO [X] |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A | B | C |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] To be sold as scrap or waste paper | [X] To be Burned or shredded | [ ] Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS: 2 negative Rolls + 1 positive for hospital

C. P. Force Records Management Officer 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2 APPROVED: CITY SOLICITOR

3 APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

# FILED ON FILM

# IN

# NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Ward 7 Registered No. B 41

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1918 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L Bauers.

{ Residence, if in Baltimore, Give Street and Number. } 1918 Light St. (Bauers)

Duration of Residence in Baltimore... Life C 13925

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH July 4 1878

AGE 30 years, ... months, 9 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Bauers

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Margaret Fryer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bauers

(Address) 1914 Light St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 13th 1908 that I last saw h- in alive on July 12th 1908, and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Cancer of Rectum (DURATION) 6 yrs DAYS

(Signed) C. H. Hayden M.D.

Address 1425 Light St.

Date July 13 1908

Place of Burial LOUDON PARK.

Date JUL 15 1908 190...

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... Registered No. B 13926 172

# CERTIFICATE OF DEATH.

(Place of Death.) No. Old Fort McHenry St. (If Death occurred in Hospital or Institution, Give its Name instead of Street and Number)

Full Name Joseph E. Bergenmiller.

{ Residence, if in Baltimore, Give Street and Number. } 100 N. Glover St

Duration of Residence in Baltimore. 3 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 1889

AGE 18 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Tyrone Pa.

FULL NAME OF FATHER Frank Bergenmiller

BIRTHPLACE OF FATHER (State or country) Huntingdon Pa

MAIDEN NAME OF MOTHER Otilia Aussman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Press feeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bergenmiller (Father)

(Address) 100 N Glover St

Filed 7/14 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.
Coroner

Address .....

Date July 14 1908

Place of Burial Holy Redeemer Com.

Date July 15th 1908

Undertaker Jno. A. Moran

Address Bank & Anna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 013927 Registered No. B .....

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1927 Fairmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Neary

{Residence, if in Baltimore, Give Street and Number.} 1927 Fairmount ave.

Duration of Residence in Baltimore..... Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 23rd 1885

AGE 22 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Neary

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Telephone Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neary

(Address) 1927 Fairmount ave

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 13 1908 that I last saw h[er] alive on July 13 1908, and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

a Acute Tuberculosis

(DURATION) 3 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Balt. St.

Date July 14 1908

Place of Burial Cathedral Cem.

Date July 15th 1908

Undertaker Jno. A. Moran

Address Bank & Annie

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C13928 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Vincent St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harris Freedom

{Residence, if in Baltimore, Give Street and Number.} 810 Vincent St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: Colored |
| DATE OF BIRTH: July 13 1908 | |
| AGE: ....years, 5 months, ....days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Infant |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Do |
| MAIDEN NAME OF MOTHER | Do |
| BIRTHPLACE OF MOTHER (State or country) | Do |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Johnson

(Address) 810 Vincent

Filed 7/14 1908 HARRY O'T ANDREWS PERMIT CLERK Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908.

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Inft.

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bardinn M.D.

Address Two Doors (Crossed)

Date July 13th 1908

Place of Burial Cut Auburn

Date July 15 1908

Undertaker W. J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C13929 Registered No. B [illegible]

90

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1616 Thames St. Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonina [illegible] Copowick

{ Residence, if in Baltimore, Give Street and Number. } 1616 Thames St

Duration of Residence in Baltimore Two months C13929

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Helmie Nowicka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Kosmacienka

(Address) 1616 Thames St

Filed 7/15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 14 July 1908

I HEREBY CERTIFY, That I attended deceased from 12 July 1908 to — 190..

that I last saw her alive on 12 July 1908

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Joseph Abramaitis M.D.

Address 578 S. Broadway

Date 14 July 1908

Place of Burial Holy Rosary

Date July 16 1908

Undertaker William Piaskowski

Address 424 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C13938 C13930

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1833 Division St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura May Sullivan

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 12 (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Whitfield F. Sullivan

BIRTHPLACE OF FATHER (State or country): Frizzelburg, Carroll Co, Md.

MAIDEN NAME OF MOTHER: Kate M. Brock

BIRTHPLACE OF MOTHER (State or country): Mt Pleasant, Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Whitfield F. Sullivan

(Address) 1833 Division St

Filed 7/15 1908 H. K. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby. 13 1908 to July 13 1908 that I last saw her alive on July 13 1908, and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH was as follows:

Exanition due to Anemia

since birth 7 months (DURATION) 5 DAYS

Contributory Heat prostration and Enteritis (DURATION) 7 DAYS

(Signed) P. B. Wilson Jr. M. D.

July 13th 1908 (Address) 821 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Westminister Md. | DATE OF BURIAL: July 15 1908

UNDERTAKER: Geo. Lemmlein & Son | ADDRESS: 64 & 11 Pratt

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B C13931

# CERTIFICATE OF DEATH.

142

(Place of Death.) No. 216 W. Lee St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number) e

Full Name Charles Smith

{Residence, if in Baltimore, Give Street and Number.} 216 N Lee St

Duration of Residence in Baltimore. 39 yrs C13931

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Dont Know

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Moses Smith c

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Boyer c

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester c

(Address) 216 N Lee St

Filed 7/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate.

Exhaustion

Senile Gangrene of Foot

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial Mt. Auburn Cem.

Date July 15 1908

Undertaker John H. Toadvine

Address 142 W. Stiles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 47

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1247 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Kenny

{Residence, if in Baltimore, Give Street and Number.} 1247 Battery Ave

Duration of Residence in Baltimore. 44 yrs C 13932

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1850

AGE 58 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Hanley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Joyce

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Kenny

(Address) 1247 Battery Ave

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

See following

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 12 1908 that I last saw her alive on July 12 1908 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion supervening Ty heat

(DURATION) 4 DAYS

Con'ributory (Primary.) Heart failure due to rheumatic endocarditis (DURATION) DAYS

(Signed) Thos C Stokes M.D.

Address 1409 Light St

Date July 13 1908

Place of Burial St Peters

Date July 15 1908

Undertaker J J Tyler & Son

Address 123 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted] Registered No. B [redacted]

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1247 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Kenney

{Residence, if in Baltimore, Give Street and Number.} 1247 Battery ave

Duration of Residence in Baltimore. 44 yrs

C 13932

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 30 1850

AGE: 58 years, 7 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Hanley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Joyce

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Kenny

(Address) 1247 Battery ave

Filed 7/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 12 1908 that I last saw h[illegible] alive on July 12 1908 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion superinduced by heat

(DURATION) 4 DAYS

Contributory (Primary.) Heart failure due to rheumatic endocarditis (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1409 Light St

Date July 13 1908

Place of Burial St Peters

Date July 15th 1908

Undertaker John J Fahey & Son

Address 1232 Washington

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 013933

City of Baltimore, (No. 830, Piercy — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H. Johnson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: — (Month) 1 (Day) ..... (Year)

AGE: 58 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Johnson

(Address) 830 Piercy St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13th (Month) ..... (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to July 13th 1908 that I last saw him alive on July 13 1908, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitis
Death Caused from
Exhaustion
four months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John F. Manger M. D.

1908 (Address) 1002 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet | July 15 1908 |
| **UNDERTAKER** | **ADDRESS** |
| A. J. Freeland | 106 N. Schroeder |

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — C13934 — Registered No. B C13934

# CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 16 S Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Thompson

{Residence, if in Baltimore, Give Street and Number.} 16 S Regester St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: Sept 22nd 1837

AGE: 24 years, 9 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Lancaster Co. Va

FULL NAME OF FATHER: Evans Tubman

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: Rebecca Thomas

BIRTHPLACE OF MOTHER (State or country): Lancaster Co. Va

OCCUPATION OF DECEASED: Washerwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thompson

(Address) 16 S Regester St

Filed 7/15 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 13th 1908 that I last saw her alive on Sat. July 11th 1908, and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Ch. Nephritis about 1 yr.

(DURATION) DAYS

(Signed) J.E. Galetly M.D.

Address 111 S. Broadway

Date July 14th 1908

Place of Burial Loudon Cemetery

Date July 15 1908

Undertaker Theodore H. Kitt

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward ..... C13935 Registered No. B ..... C13935

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 3303 Liberty Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clifford Edward Walmsley

{ Residence, if in Baltimore, Give Street and Number. } 3303 Liberty Road.

Duration of Residence in Baltimore. Six months

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 20 1906. |
| AGE | ..... years, 18 months, 24 days |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ | Single |
| BIRTHPLACE (State or country) | Norfolk Va |
| FULL NAME OF FATHER | Clifford C Walmsley |
| BIRTHPLACE OF FATHER (State or country) | Kansas. |
| MAIDEN NAME OF MOTHER | Ethel Lydeman |
| BIRTHPLACE OF MOTHER (State or country) | England |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clifford E Walmsley

(Address) 3303 Liberty Road

Filed 7/15 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14" 1908

I HEREBY CERTIFY, That I attended deceased from July 11" 1908 to July 14 1908 that I last saw him alive on July 14 1908 and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) 2 DAYS

Contributory (Primary) Acute Ileocolitis.

(DURATION) 5 DAYS

(Signed) H. E. Zapp M.D.

Address 3050 N. North Ave

Date July 14" 1908.

Place of Burial Lorraine Cem.

Date July 15 1908.

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C13936 Registered No. B

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bernard Dierker

{ Residence, if in Baltimore, Give Street and Number. } 1224 East Lexington Str

Duration of Residence in Baltimore.

C13936

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Dierker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Kirkebobb

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Asst to Vet. Surgeon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amur Weclage.

(Address) 326 N. Central Av.

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 7th 1908 to July 13 1908

that I last saw him alive on " 13 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma 2 weeks

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. D. Gatch M.D.

Address Johns Hopkins Hospital

Date July 14 1908

Place of Burial Greenmount Cemetery

Date July 16th 1908

Undertaker Wm Cook

Address 502 E Monk Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C13937 Registered No. B C13937

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2856 Raynor Ave

~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Elizabeth Frenlich.

{ Residence, if in Baltimore, Give Street and Number. } ~~Lafayette~~ 2856 Raynor Ave

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Sept 26 1 |
| AGE | 5 4 years, - months, - days |
| SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ | Married |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | Unknown |
| OCCUPATION OF DECEASED | House Wife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Frenlich

(Address) 2856 Raynor Ave.

Filed 7/15 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 14 1908

that I last saw h~~e~~r alive on July 13 1908,

and that death occurred, on the date stated above, at 7.2 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Uraemic Convulsions

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 502 W. Northern Ave

Date July 14 1908

Place of Burial Woodlawn Cem

Date July 17 1908

Undertaker Wm Cook

Address 502 6 Northern.

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 013938

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1841 Morris Court St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John F. Green

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: (Month) Aug (Day) 25 (Year) 1907

AGE: ..... years, 11 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harry Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ellen Layden

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Green.

(Address) 1841 Morris Court.

Filed July 16 1908 Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July (Day) 14th (Year) 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 13th 1908, that I last saw h..... alive on July 13th 1908, and that death occurred, on the date stated above, at ——

.....M. The CAUSE OF DEATH was as follows:

Dysentery

(DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) G. Lynch Jones M. D.

1908 (Address) 554 Pulaski

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: July 15. 1908

UNDERTAKER: Wm. Cook.

ADDRESS: 5026 Woodland

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 013939 — Registered No. B [illegible]

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 140 W. Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Chase

{Residence, if in Baltimore, Give Street and Number.} 140 W. Hill St.

Duration of Residence in Baltimore. 55 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Dorchester

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER Jeffris Mitchell

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Annie Grace

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Dade Cousin

(Address) 1402 W Hill St

Filed 7/15 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on [illegible] 190

and that death occurred, on the date stated above, at 10.30 P. M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the heart

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial Mt Auburn Cem

Date July 15 1908

Undertaker Sam'l W. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or other person superintending the burial, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C1340 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1313 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm E. Woolford

{ Residence, if in Baltimore, Give Street and Number. } 1313 N. Calhoun

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1885

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Woolford

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Stanley

(Address) 1313 N. Calhoun St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to July 14 1908 that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 3.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary) Ac. Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Wm J. Carroll M.D.

Address 515 W. Mosher St.

Date July 14 1908

Place of Burial Laurel Cem

Date July 17 1908

Undertaker Wm H Chasebro

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 413 Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Summerfield Gantt

{ Residence, if in Baltimore, Give Street and Number. } 413 N. Hoffman St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James E. Gantt

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Elizabeth Adams

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard H. adams Grandfather

(Address) 413 N. Hoffman St

Filed 7/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14. 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to ..... 190.....

that I last saw h[im] alive on July 13 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) M. A. Walker M.D.

Address 1711 Madison ave.

Date July 15 1908

Place of Burial Mt Auburn Com

Date July 16-th 1908

Undertaker Sim'l F. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13942 Registered No. B 11942

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie R. Martin

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: April 30 - 1908

AGE: ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeth Home

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to July 13 1908 that I last saw h[illegible] alive on July 13 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - enteritis

(DURATION) 5 DAYS

Contributory (Primary.) Marasmus -

(DURATION) 45 DAYS

(Signed) A Ellis M.D.

Address 1519 N. Carolina St.

Date July 15, 1908

Place of Burial Cathedral Cemetery

Date July 16th 1908

Undertaker Philip B Frye

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wallie Berry.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life. C13983

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Feb. 26 1908

AGE: ..... years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Waldrop

(Address) St Elizabeths Home

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to July 13 1908 that I last saw him alive on July 13 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 3 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date July 15, 1908

Place of Burial Cathedral Cemetery

Date July 16 1908

Undertaker Finlay B Dyer

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Schoolfield

{ Residence, if in Baltimore, Give Street and Number. } 123 West 27th Street

Duration of Residence in Baltimore. C13944

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 10 1908

AGE: ..... years, X months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edw. A. Schoolfield

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Craven

BIRTHPLACE OF MOTHER (State or country): W. Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. A. Schoolfield

(Address) 123 W. 27th St.

Filed 7/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 14 1908 that I last saw h.. alive on July 14 1908, and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Gallach M.D.

Address John Hopkins Hospital

Date July 15 1908

Place of Burial Cathedral

Date July 15 08 1908

Undertaker Wm Cook

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13945 Registered No. B C1394
105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1536 Burroughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elnora A. Klebe

{Residence, if in Baltimore, Give Street and Number.} 1536 Burroughs st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21 1908

AGE ..... years, 1 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Adam A. Klebe

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Amelia Geisler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam A. Klebe

(Address) 1536 Burroughs st

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 13 1908

that I last saw h.. alive on July 13 1908,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion - marasmus

(DURATION) 3 DAYS

Contributory (Primary.) Enteritis —

Malnutrition (DURATION) 21 DAYS

(Signed) E. Judson Wilkes M.D.

Address 2029 W. Balt St

Date July 14 1908

Place of Burial London Park

Date July 15 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

# CERTIFICATE OF DEATH.

Registered No. B C13996

City of Baltimore, (No. 1816, Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Crotty.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Dec (Month) 9 (Day) 1904 (Year)

AGE: 3 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas F. Crotty

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas F. Crotty

(Address) 1816 Ramsay St

Filed 7/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13th 1908 to July 14 1908 that I last saw h living alive on July 14th 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Scarlet Fever

— (DURATION) 1 Days

Contributory

(DURATION) DAYS

(Signed) Thomas J Kelly M. D.

190 (Address) 1816 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: July 15 1908

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Funeral July 15th 4 P. M.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C13947 Registered No. B C13947

# CERTIFICATE OF DEATH.

17 2

(Place of Death.) No. Off Fort McHenry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry F Dutousch

{Residence, if in Baltimore, Give Street and Number.} 664 W Lexington St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 3 1882

AGE 25 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Frank X Dutousch

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Eva Fischer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Dutousch (sister)

(Address) 664 W. Lexington St.

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos M. Reinhardt M.D.

Address Coroner

Date July 17 1908

Place of Burial Holy Redeemer

Date 7/16 1908

Undertaker Wm J Schleiss

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

# CERTIFICATE OF DEATH.

Registered No. B 013948

City of Baltimore, (No. 2842 St Paul St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Gregory Joyner

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January (Month) 8 (Day) 1853 (Year)

AGE: 55 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Henry A Joyner

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Ellen E. Turnage

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. G. Joyner

(Address) 2842 St Paul St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to July 14 1908 that I last saw him alive on July 14 1908, and that death occurred, on the date stated above, at 6 15 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial nephritis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M B Hood M. D.

July 15 1908 (Address) 604 N. Gilmor St

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 16 1908

UNDERTAKER: W. J. Pickerson Son

ADDRESS: ~~W. F. St~~ Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. B C13949

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 2201 Christian St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hazel E. Owens (Owens)

{Residence, if in Baltimore, Give Street and Number.} 2201 Christian St

Duration of Residence in Baltimore. 3 mos

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1908

AGE ..... years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ —

BIRTHPLACE (State or country) Brooklyn N. Y

FULL NAME OF FATHER John Owens

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Owens

(Address) 2201 Christian St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 14 1908 that I last saw h alive on July 13 1908 and that death occurred, on the date stated above, at 1 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Marasmus,

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date July 14 1908

Place of Burial St Peters Cemetery

Date July 15 1908

Undertaker John J. Cowan

Address 901 Hallows St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 17 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 731 W. Lexington St. Baltimore City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ora Narbuta

{ Residence, if in Baltimore, Give Street and Number. } 731 W. Lexington St.

Duration of Residence in Baltimore. C13950

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 17 1908

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Joseph Narbuta

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Narbuta

(Address) 731 W Lexington St

Filed 7/16 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 14 July 1908

I HEREBY CERTIFY, That I attended deceased from 13 July 1908 to ——— 190..

that I last saw her alive on 13 July 1908

and that death occurred, on the date stated above, at 1 p. m. CAUSE OF DEATH (Secondary or Immediate)

gastro-enteritis

(DURATION) Two DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) D. Joseph Abramson M.D.

Address 528 S Broadway

Date 14 July 1908

Place of Burial ~~Holy~~ Holy Redeemer

Date July 15/ 1908

Undertaker M S Finch

Address 2113 N Pratt St

HENRY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C13951

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 517 Robert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin J. Ford.

{ Residence, if in Baltimore, Give Street and Number. } 517 Robert St.

Duration of Residence in Baltimore. I Wks C13951

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alvin J Ford

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER Rosena Powers

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosena Ford

(Address) 517 Robert street

Filed 7/15 1905

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1905

I HEREBY CERTIFY, That I attended deceased from July 12, 1905 to July 14 1905 that I last saw h[illegible] alive on July 14 1905, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary.) Entero-Colitis 5 DAYS

(Signed) W. V. Carr, Jr. M.D.

Address 515 Mosher St.

Date July 14 1905.

Place of Burial Laurel Cemetery

Date July 15 1905

Undertaker Felix D'Alesandro

Address 102 S Milton ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 013952 Registered No. B ..... 29

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1549 N. Bruce St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name J. Donald Milligan

{ Residence, if in Baltimore, Give Street and Number. } 1549 N. Bruce St

Duration of Residence in Baltimore. One week

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 20 1903 1906

AGE 4 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Alexander Milligan

BIRTHPLACE OF FATHER (State or country) Baltimore County Md.

MAIDEN NAME OF MOTHER Sarah J. Worthington

BIRTHPLACE OF MOTHER (State or country) York Co. Penna

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. B. Shannon MD

(Address) 700 N. Fulton Ave

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 - 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 14 1908 that I last saw h~~im~~ alive on July 13 1908 and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Tubercular Gastritis and Heat

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) Geo B Shannon M.D.

Address 700 N. Fulton Ave

Date July 14 - 1908

Place of Burial Mt Auburn

Date July 16th 1908

Undertaker Felix B Ryle

Address 1026 N. Henry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13953 Registered No. B ..... 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2723 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Watson Nowacka

{ Residence, if in Baltimore, Give Street and Number. } 2723 Hudson st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 28 1907

AGE -1 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Watson Nowacki

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Zachas

BIRTHPLACE OF MOTHER (State or country) Paland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Watson Nowacki

(Address) 2723 Hudson st

Filed 7/18 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 14 1908 that I last saw him alive on July 12 1908, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) 2 DAYS

Contributory (Primary.)

Gastro Enteritis (DURATION) 14 DAYS

(Signed) C V Bitter M.D.

Address 3200 Hudson st

Date July 14 1908

Place of Burial St Stanislaus

Date July 15 190

Undertaker Joseph Zborowski

Address 1105 Aliceanna st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13954 Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 Millington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fredk G. Bucking

{Residence, if in Baltimore, Give Street and Number.} 1609 Millington St

Duration of Residence in Baltimore. 30 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 6th 1857

AGE 50 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Anton Bucking

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline D. Bucking

(Address) 1609 Millington St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to July 13 1908

that I last saw him alive on July 8 1908

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interc. Lamyelitis

(DURATION) 75 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) P. Gustav Dill M.D.

Address 1433 W Lombard St

Date July 15 1908

Place of Burial London Park Cemetery

Date July 16 1908

Undertaker N. Saudy & Son

Address 710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B 013955

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1254 E. North ave St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Joshua Wilson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) (Day) 1845 (Year)

AGE: 63 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Harriet Tipton

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Louis Wilson

(Address) 1254 E. North ave

Filed 7/15 1908 Registrar

HARRY C. ADAMS, PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13th 1908 to July 14th 1908.

that I last saw him alive on July 13th 1908;

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Pulmonary oedema,
Fibroid heart, exhaustion.

(DURATION) 2 DAYS

Contributory Hemiplegia

(DURATION) 6 DAYS

(Signed) C O Buckner M. D.

July 14 1908 (Address) 1337 E North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetary — DATE OF BURIAL: July 15 1908

UNDERTAKER: Robt J Turner — ADDRESS: 1422 N [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Ward 0 — Registered No. B [illegible]

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johnnie Thomas Mumm (Dunn)

{Residence, if in Baltimore, Give Street and Number.} 1802 Harford ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known 1879

AGE: 29 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Mumm

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Alice Carey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mumm

(Address) 1807 N Bethel

Filed 7/15-8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1908

I HEREBY CERTIFY, That I attended deceased from Last June 1, 1908 to July 15, 1908 that I last saw him alive on July 14, 1908, and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Several Months' (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Alex Elsewell M.D.

Address 1744 Harford Ave

Date July 16, 1908

Place of Burial Cathedral Cemetery

Date July 17, 1908

Undertaker Robt F Garner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C13957 Registered No. B C13957

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1604 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gertrude Harrison

{Residence, if in Baltimore, Give Street and Number.} 1604 Druid Hill Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frank Harrison

BIRTHPLACE OF FATHER (State or country) Prince Geo. Co. Md.

MAIDEN NAME OF MOTHER Ida Hebron.

BIRTHPLACE OF MOTHER (State or country) Prince Geo. Co. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Hebron

(Address) 2134 Brunt St.

Filed 7/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 15 1908 that I last saw h alive on July 15 1908 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Three weeks (DURATION) DAYS

Con ributory (Primary.) Mal-nutrition

(DURATION) DAYS

(Signed) Edward J. Wheatley M.D.

Address 1230 Druid Hill Ave

Date July 15 1908

Place of Burial Mt. Pleasant Cem

Date July 15 1908

Undertaker W J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2213 Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Wilson

{Residence, if in Baltimore, Give Street and Number.} 2213 Christian St.

Duration of Residence in Baltimore. Life time C13958

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1908

AGE: ..... years, ..... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: R. N. Wilson

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Charlotte Hartman

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. N. Wilson

(Address) 2213 Christian St.

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 14th 1908 that I last saw h[illegible] alive on July 14 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

Insufficient action of Heart

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. J. Bell M.D.

Address 1321 W. Laurde St.

Date July 14th 1908

Place of Burial Mt Olivet Cem.

Date July 15th 1908

Undertaker Geo W. Rickmeyer

Address 615 S. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13959 Registered No. B .....

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. Off Fort McHenry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emma E. Weidner

{ Residence, if in Baltimore, Give Street and Number. } 319 S. Gilmor St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 5 1887

AGE 21 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Weidner

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Annie Rice

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Hurley (Brother in Law)

(Address) 319 S Gilmor St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate.

Accidental Drowning.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Hy W Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial St Aloysius

Date July 16 1908

Undertaker H. S. Tisdale

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13960 Registered No. B C13960

# CERTIFICATE OF DEATH. 17

(Place of Death.) No. Off Fort McHenry St. (If Death occurred in Hospital or Institution give Its Name instead of Street and Number.)

Full Name Mary M Weidner

{Residence, if in Baltimore, Give Street and Number.} 319 S. Gilmor St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | January 23 1891 |
| AGE | 17 years, 5 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore Md |
| FULL NAME OF FATHER | John Weidner |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | Annie Rice |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Hurley (Brother in law)

(Address) 3193 Gilmor St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.
Coroner

Address .....

Date July 14. 1908

Place of Burial St Alphonsus "

Date July 16 1908

Undertaker H. S. Tirol

Address 213 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13961 Registered No. B

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lt. H. Burns

{Residence, if in Baltimore, Give Street and Number.} Stanley Va.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 45 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWER~~ OR DIVORCED

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. L. Manch

(Address) Stanley Va

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Spine (Cervical)

(DURATION) DAYS

Contributory (Primary.) (Accidentally fell from Derrick 20 ft.)

(DURATION) DAYS

(Signed) Dr. Geo. Fuller M.D.

Address Stanley Va.

Date ... 190

Place of Burial Stanley Va

Date July 15 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13962 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 227 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Lorina Berry

{Residence, if in Baltimore, Give Street and Number.} 227 N Wolfe St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Webb

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Bohn

(Address) 1712 Orleans St

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to July 13 1908

that I last saw her alive on July 12 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

about 8 months (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph C Chinberg M.D.

Address 2212 Orleans St

Date July 13 1908

Place of Burial Mt Carmel Cem.

Date 7/15/08 190

Undertaker J Herring & Son

Address 900 E Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13963 Registered No. B C13963

# CERTIFICATE OF DEATH. 17r

(Place of Death.) No. Off Fort McHenry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Braden

{Residence, if in Baltimore, Give Street and Number.} 2169 Galveston Road.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 8 1888

AGE 20 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Rudolph Baader

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdelina Meier

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Meier (uncle)

(Address) 329 Forrest St.

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Brown

Date July 14 1908

Place of Burial Baltimore Md.

Date Thursday July 16th 1908

Undertaker F. B. Wippert

Address 1 Frederick Av. Edits

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13964 Registered No. B C13964

# CERTIFICATE OF DEATH. 177

(Place of Death.) No. Ft McHenry St (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Baader

{Residence, if in Baltimore, Give Street and Number.} 2169 Galveston Road

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 19 1891

AGE 17 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Rudolph Baader

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdelina Meier

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Meier (uncle)

(Address) 329 Forest St

Filed 7/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial Catholic Cem Bonnie Brea

Date Thursday July 16 1908

Undertaker F. B. Wiseman

Address 1 Frederick Ave Edd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13965 Registered No. B C13965

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. 18 Fort McHenry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Antone Baader

{Residence, if in Baltimore, Give Street and Number.} 2169 Calverton Road

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 2 1885

AGE 23 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Rudolph Baader

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdelina Meier

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Iron molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Joseph Meier (uncle)

(Address) 329 Forrest St.

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial Cathedral Cem Bonnie Brea

Date Thursday July 16th 1908

Undertaker F. B. Wehrmann

Address Frederick Ave & Ethe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

175

# CERTIFICATE OF DEATH.

Registered No. B 013966

City of Baltimore, (No. 138 n Chapel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Schwanhauser

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Apr (Month) 1849 (Day) 1 (Year) |
| AGE | 59 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Bohemia |
| FULL NAME OF FATHER | John — |
| BIRTHPLACE OF FATHER (State or country) | Bohemia |
| MAIDEN NAME OF MOTHER | Mary Ekert |
| BIRTHPLACE OF MOTHER (State or country) | Bohemia |
| OCCUPATION OF DECEASED | Baker |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schwanhauser

(Address) 138 N. Chapel st.

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 10 minutes to about 3 P.M. on July 14 1908 that I last saw him alive on July 14 1908

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Ptomaine Poisoning

about (DURATION) 4 DAYS

Contributory high atmospheric temperature (DURATION) — DAYS

(Signed) Benj F Grove M.D.

1908 (Address) 1302 N Carollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Hill Cem. | July 17 1908 |
| UNDERTAKER | ADDRESS |
| John J. Burr | 1914 E. Fayette |

WM. J. C. DULANY CO., BALTIMORE.

Case was practically dying when I accidentally came here on July 14th 1908

This case

Ward 10 C13967 Registered No. C

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 908 Stirling St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah M Mullin

Residence, Give Street and Number, 908 Stirling St

Duration of Residence in Baltimore, 20 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1

AGE In her 27 years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER John Mullin

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary McCann

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Koester

(Address) 908 Stirling St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 14 1908 that I last saw her alive on July 14 1908 and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James M Fenlon M. D.

Address 710 E Chase St

Date July 14 1908

Place of Burial New Cathedral Cemetery

Date July 17 1908

Undertaker Henry Storck & Son

Address 1301 E Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17

C13968 Registered No. B

69

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Clark

{Residence, if in Baltimore, Give Street and Number.} 1336 Cleveland St

Duration of Residence in Baltimore. 15 years.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | colored |

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Washington Clark

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Clark

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jane Clark

(Address) 1336 Cleveland St

Filed 7/16 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Haemorrhage from Lung

.... (DURATION) .... DAYS

Con'ributory (Primary.) Convulsions

in Epilepsy (DURATION) .... DAYS

(Signed) Ronald T. Abercrombie M.D.

Coroner.

Address ....

Date July 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JULY 15/1908 190 8

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address 601 E. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ind

1

Ward ..... 013969 Registered No. C .....

# CERTIFICATE OF DEATH. 119

(Place of Death.) No. 3120 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casimere Morawska

Residence, Give Street and Number, 3120 O'Donnell St.

Duration of Residence in Baltimore, 30 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Michael Morawska

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Per Mary Morawska

(Address) 3120 O'Donnell st.

Filed 7/15 1908

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 14" 1908

I HEREBY CERTIFY, That I attended deceased from July 13th 1908 to July 14th 1908

that I last saw him alive on July 14 1908

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pyaemic Coma

(DURATION) one DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 13 DAYS

(Signed) D.W. Jones M. D.

Address 3116 O'Donnell st

Date July 15. 1908

Place of Burial St. Mary's Cem. Trappe Rd.

Date July 17" 1908

Undertaker Wendell Eifert & Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 013970 Regist

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 711 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmett Grill

Residence, Give Street and Number, 711 S. Wolfe st.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. | COLOR: W.

DATE OF BIRTH ..... 1

AGE: 4 years, 4 months, ..... days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: John Grill

BIRTHPLACE OF FATHER (State or county): Balto. Md

MAIDEN NAME OF MOTHER: Mollie Andrews

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Harris

(Address) 320 S. Carolines

Filed 7/16 1908

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 14" 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 17 1908

that I last saw h— alive on July 14 1908

and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate,)

acute Meningitis

(DURATION) 5 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. J. Valentine M. D.

Address 161 Brady

Date July 17 1908

Place of Burial Mt. Carmel Cem.

Date July 16" 1908

Undertaker Wendell Lippel Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

*Section 2. And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 013971

# CERTIFICATE OF DEATH.

63

(Place of Death.) No. 2444 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Flottemesch Sr.

Residence, Give Street and Number, 2445 S. Bethel St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W

DATE OF BIRTH: 1

AGE: 62 years, 7 months, — days

~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Henry Flottemesch

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Elizabeth Overman

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. J. Flottemesch

(Address) 239 Herring Ct.

Filed 7/15 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 14" 1908

I HEREBY CERTIFY, That I attended deceased from May — 1908 to July 14 1908

that I last saw h— alive on July 13 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Mucous Colitis —

2 yrs.

(DURATION) DAYS

Contributory (Primary) Heat — Exhaustion

3 days —

(DURATION) DAYS

(Signed) Jos. P. Moore M. D.

Address 125 E. Baltimore

Date July 15/08 1908

Place of Burial Holy Redeemer Cem.

Date July 17" 1908

Undertaker Trudell Zipfel & Son

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 3105 Clifton ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles E. Hitchcock

{ Residence, if in Baltimore, Give Street and Number. } 3105 Clifton Ave

Duration of Residence in Baltimore. 30 Years C13972

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 6th 1850

AGE: 57 years, 10 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ~~N. York~~ Harford Co

FULL NAME OF FATHER: Chas. B. Hitchcock

BIRTHPLACE OF FATHER (State or country): N. York

MAIDEN NAME OF MOTHER: Mary Bartol

BIRTHPLACE OF MOTHER (State or country): Havre De Grace

OCCUPATION OF DECEASED: Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie B. Hitchcock

(Address) 3105 Clifton Ave

Filed 7/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 28th 1908 to July 14th 1908

that I last saw him alive on July 14 1908,

and that death occurred, on the date stated above, at 2-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

and General Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis with Hypertrophy of the Heart (DURATION) ~~DAYS~~ Long time

(Signed) J. H. Epp M.D.

Address 3050 N. Howard

Date July 15 1908

Place of Burial Havre de Grace Md

Date July 16 1908

Undertaker E. W. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward

# CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Stains

Residence, Give Street and Number, 810 Madison Ave

Duration of Residence in Baltimore, Life C13923

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH Aug 17- 1889

AGE 18 years, 10 months, 27 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Penna

FULL NAME OF FATHER E. M. Stains

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER Hattie Walker

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Stains

(Address) 810 Madison Ave

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, that I attended deceased from May 1908 to July 16th 1908 that I last saw h[er] alive on July 14th 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Ef Lumbalis

(DURATION) DAYS

Contributory (Primary) Endocarditis (DURATION) 1 wk DAYS

(Signed) H. M. Lotsinger M. D.

Address 127 E. North Ave

Date July 16th 1908

Place of Burial Loudon Park

Date July. 16, 1908.

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C13973 C13974

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1014, Maldins St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Parker

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/16 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 13 1908 that I last saw h.. alive on July 13 1908, and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows:

Malnutrition
Intestinal Intox. Entis

..... (DURATION) 60 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Whitridge Jr M. D.

824 1908 (Address) Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem | July 16 1908 |
| UNDERTAKER | ADDRESS |
| J. J. Turner Jr | Cathedral St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10. C13975 Registered No. B [illegible] 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 59 Brick Hill Mt Vernon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edward R Rudisill

{Residence, if in Baltimore, Give Street and Number.} 59 Brick Hill Mt Vernon

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX white Male | COLOR

DATE OF BIRTH July 15 1908

AGE 2 Hours
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Married~~

BIRTHPLACE (State or country) 59 Brick Hill "

FULL NAME OF FATHER James E Rudisill

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Morgan

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillian C Krout

(Address) 818 First ave

Filed 7/16 1908. HARRY C. ANDREWS Registrar PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 15 1908 that I last saw h alive on July 15 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Child Lived 2 Hours & Died Natural

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Lillian C. Krout M.D.

Address 818 First ave Melrose

Date July 16th 1908

Place of Burial Oella Cemetery Md

Date July 16 th 1908

Undertaker Wm Schenouth & Son

Address 969 3rd ave Hampden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C13976 Registered

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 128 S Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bond

{ Residence, if in Baltimore, Give Street and Number. } 128 S Caroline st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Corker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margert Bonds

(Address) 128 S Caroline st

Filed 7/16 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial Laurel Cemetary

Date July 17 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C13977

167

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2416 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna E. Bounds

{ Residence, if in Baltimore, Give Street and Number. } 2416 E Monument Sts

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 31st 1905

AGE: 3 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James A. Bounds

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Ora Hoffmyer.

BIRTHPLACE OF MOTHER (State or country): Culpeper Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Bounds

(Address) 2416 E. Monument St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 3.08 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Burns of body

Dec.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo. H. Carnell M.D.

Address Corner Md

Date July 15 1908

Place of Burial Savage Howard Co. Md.

Date July 17 1908

Undertaker Jas. & Jno. W. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

# CERTIFICATE OF DEATH.

20

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie J. Wilson.

{ Residence, if in Baltimore, Give Street and Number. } 865 Lindsay Ave.

Duration of Residence in Baltimore. Lifetime C13978

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wesley Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lovebid Wilson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Orderly

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Koch.

(Address) 1302 Jefferson.

Filed 7/16 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908.

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 13th 1908 that I last saw h.. alive on July 13th 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

Bronchopneumonia

(non-traumatic; no obvious cause for infection Kramer a.o.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date July 14 1908

Place of Burial Laurel Cemetery

Date July 16 1908

Undertaker J. A. Reed & Sons

Address 1107 N. Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4 C13979 Regis... 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1738 S. Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ida Schroth

{Residence, if in Baltimore, Give Street and Number.} 1738 S. Charles St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 18 1907

AGE ... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. Schroth

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Jacobs

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Schroth

(Address) 1738 S. Charles St.

Filed 7/16/08 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 15 1908 that I last saw her alive on July 14 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ephemeron

(DURATION) 1 DAYS

Con'tributory (Primary) Acute Gastro-Enteritis

(DURATION) 21 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date July 15 1908

Place of Burial Cedar Hill

Date July 16 1908

Undertaker Jos. Stuntebeck

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13960

# CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1335 Bolton St. C13880 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Grisbrook Crawford

{Residence, if in Baltimore, Give Street and Number.} 1335 Bolton Street

Duration of Residence in Baltimore. Born in City - lived here 80 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | female |
| COLOR | white |
| DATE OF BIRTH | April 5th 1828 |
| AGE | 80 years, 3 months, 10 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore City |
| FULL NAME OF FATHER | Alexander Crawford |
| BIRTHPLACE OF FATHER (State or country) | Londonderry Ireland |
| MAIDEN NAME OF MOTHER | Rachel Davies Law |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore City |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Crawford Smith

(Address) 107 Law Building

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to July 15 1908 that I last saw her alive on July 14 1908, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Paresis

(DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date July 15 - 1908 190

Place of Burial Greenmount

Date July - 17th 190 8

Undertaker John B. Spence

Address 325 N. Caroline

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13981 Regist...

# CERTIFICATE OF DEATH.

C13981

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name George Duncan

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Christian Duncan

BIRTHPLACE OF FATHER (State or country): Scotland.

MAIDEN NAME OF MOTHER: Mary Bruce.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Brush maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 15 1908 that I last saw h alive on July 15 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

.....

Contributory (Primary.) Exhaustion (DURATION) — DAYS

(DURATION) — DAYS

(Signed) W W Baker M.D.

Address Bay View Hospital

Date July 15 1908

Place of Burial Louden Park.

Date July 16/08 190

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

106

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C13982

Registered No. B.....

City of Baltimore, (No. 1912, Brunt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cassandra Anderson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1840 (Year)

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Butler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cassandra Butler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Anderson

(Address) 1912 Brunt St

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 14 1908 that I last saw her alive on July 14 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Inflammation of Bowels

Two weeks (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) B B Brooke M. D.

July 15 1908 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Cassandra Butler

PLACE OF BURIAL OR REMOVAL: Howard Co. Md

DATE OF BURIAL: July 17, 1908

UNDERTAKER: Wm Hemsley

ADDRESS: 57 & Pt Bridge

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 013983 Registered No. 138

# CERTIFICATE OF DEATH.

(Place of Death.) No. 303 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daisy Sterling Tyler

{Residence, if in Baltimore, Give Street and Number.} 303 N. Carey St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 6 1882

AGE 26 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Arthur W. Keel

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sadie Kellem

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clinton S. Tyler

(Address) 303 N. Carey St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia (at term)

(DURATION) ..... DAYS

Contributory (Primary.) Disease of liver & kidneys during pregnancy

(DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date July 15 1908

Place of Burial St Mary's City

Date St Mary's City Md July 18 1908

Undertaker J. B. Clark

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered 3

# CERTIFICATE OF DEATH.

(Place of Death.) No. 320 S. Stricker St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Emma A. Warner

{Residence, if in Baltimore, Give Street and Number.} 320 S. Stricker St.

Duration of Residence in Baltimore. Life time C13884

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Aug 22 1875

AGE 33 years, 10 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward H Peterson

BIRTHPLACE OF FATHER (State or country) Phila Pa

MAIDEN NAME OF MOTHER Mary A Taylor

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Warner

(Address) 320 S Stricker St

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to July 14 1908

that I last saw her alive on July 14 1908

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Days Knew DAYS

Contributory (Primary.) Cos the Emia

(DURATION) 26 DAYS

(Signed) Henry C. Steel M.D.

Address 1203 W. Fayette St

Date July 16 1908

Place of Burial Loudon Park

Date July 16 1908

Undertaker Jas B Cook

Address 1003 Mbald St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 45

OFFICE OF REGISTRAR OF VITAL STATISTICS. C13985

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 420, N. Sticker St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Henry Barkley

*PERSONAL AND STATISTICAL PARTICULARS*

SEX Male | COLOR White

DATE OF BIRTH March (Month) 29 (Day) 1830 (Year)

AGE 78 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph M. Barkley

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Bertha J. Fells

(Address) 420 N. Sticker St

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH July (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 1908 to July 7 1908

that I last saw him alive on July 7 1908,

and that death occurred, on the date stated above, at 5.15 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(DURATION) 3 Months DAYS

Contributory Asthenia

(DURATION) 2 Weeks DAYS

(Signed) J. Oppenheimer M. D.

July 16 1908 (Address) 1134 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL July 17 1908

UNDERTAKER Jos. Block | ADDRESS 1032 Balto

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C13986 Registered No. B C13986

# CERTIFICATE OF DEATH.

9

(Place of Death.) No. 525 Carrolton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Flannery

{ Residence, if in Baltimore, Give Street and Number. } 525 Carrolton Ave

Duration of Residence in Baltimore. 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH Sept 21st 1904

AGE 3 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm J Flannery

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Agnes Collins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Flannery

(Address) 525 N Carrollton Ave

Filed 7/16 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 15 1908 that I last saw him alive on July 15 1908 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nasal Haemorrhage

(DURATION) 2 hours

Contributory (Primary.) Naso Pharyngeal Diphtheria (DURATION) 9 days

(Signed) John S Hurd M.D.

Address 647 N Fayette Ave

Date July 15 1908

Place of Burial New Cathedral

Date July 16th 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

Funeral July 16th (3 P.M.)

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C13987 Registered No. B C13987

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick J. Frien

{ Residence, if in Baltimore, Give Street and Number. } — 522 S Bethel St

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W. |
| DATE OF BIRTH | Sept. 28th 1855 |
| AGE | 52 years, 9 months, 16 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W. |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Charles Frien |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Not Known |
| BIRTHPLACE OF MOTHER (State or country) | Not Known |
| OCCUPATION OF DECEASED | Carrier |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hellyer

(Address) BAY VIEW ASYLUM.

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 14 1908 that I last saw him alive on July 14 1908 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Phthisis

(DURATION) —

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. H. Fisher M.D.

Address July 14 1908 Bay View Hospital

Date July 16th 1908

Place of Burial 1st Evangelical Cemetery

Date July 16th 1908

Undertaker [illegible]

Address 1708-1710 Canton Avenue, S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. C 13988

# CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Union Dock. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Spence

Residence, Give Street and Number, 1022 Patch al.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR Colored

DATE OF BIRTH ..... 1

AGE 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Spence

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Annie Spence

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Spence

(Address) 1022 Patch alley.

Filed 7/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ ..... 190 to ..... 190

~~that I last saw h~~ alive on ..... 190

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Drowned

Accidental (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Lucky Comer M. D.

Address 639 Broadway

Date July 14 1908

Place of Burial Mt. Auburn Cem.

Date July 16 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

Remarks .....

---

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C13989 Registered No. B C13989

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 426 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E. Warner.

{Residence, if in Baltimore, Give Street and Number.} 426 W. Hamburg Street.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 15 1908

AGE: ....years, 3 months, ....days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Lee

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lillie Warner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Warner

(Address) 426 W. Hamburg St.

Filed 7/16 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 15 1908 that I last saw her alive on July 14 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Indigestion

(DURATION) DAYS

(Signed) H S Mears M.D.

Address 2005 Druid Hill Ave

Date July 16 1908

Place of Burial Mt. Auburn Cemetery

Date July 17. 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 (13930) Registered No. B (12520) 120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1+ Sinai Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hark Rosenbloom

{Residence, if in Baltimore, Give Street and Number.} 1416 E. Lombard St

Duration of Residence in Baltimore. 8 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 14 years, 9 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Morris Rosenbloom

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lelia Simon

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Leavid Hyman

(Address) 118 Albemarle St

7/16/08 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to July 16 1908 that I last saw h[illegible] alive on July 16 1908, and that death occurred, on the date stated above, at 9:00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) 5 DAYS

(Signed) J. Abelman M.D.

Address 1920 Linden Ave

Date July 16 1908

Place of Burial Rosedale Cemetery

Date July 16 - 1908 1908

Undertaker McGuinn & Carroll

Address 1227 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city of the Physician who attended during his or her last sickness, or the Coroner, when the case notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or s... deceased, and the **cause and date of death.**

Ward ..... C13991 Registered No. B C13991

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rheinhart Young

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W. |
| DATE OF BIRTH | — 1 |
| AGE | 35 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Stock Tamer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lower Hollyd

(Address) BAY VIEW ASYLUM.

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to July 15 1908

that I last saw h— alive on July 15 1908,

and that death occurred, on the date stated above, at 2 45

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W H Cole M.D.

Address B V H

Date July 15 1908

Place of Burial London Park

Date July 17th 1908

Undertaker Greg J. Smith Co

Address 1000 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13992 Registered No. B C13992

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Deborah Adelstein

{Residence, if in Baltimore, Give Street and Number.} 461 N. Gay St.

Duration of Residence in Baltimore. 19 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Elias

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esther

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Rubin

(Address) 461 N Gay Str

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 16 1908

that I last saw h Ex alive on July 16 1908,

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Chr. interstitial nephritis

(DURATION) DAYS

(Signed) Wm. Schmidt M.D.

Address City Hospital

Date July 16 1908

Place of Burial Hebrew Rising Sun

Date July 17 1908

Undertaker Wm. Lemmon & Sons

Address 1620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13993 Registered No. B C13993

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Carr

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: May 17th 1824

AGE: 84 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Carr

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Rose Connelly

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 7/16 1908

[SIGNATURE] Registrar

[PERMIT CLERK.]

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on July 15 1908,

and that death occurred, on the date stated above, at 12.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

6 mos (DURATION) DAYS

Contributory (Primary.) Coma (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 16 1908

Place of Burial Cathedral

Date July 17 1908.

Undertaker H. C. Friedfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C13994 Registered No. B C13994

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Hessie Blue

{ Residence, if in Baltimore, Give Street and Number. } 1319 Calhoun St.

Duration of Residence in Baltimore. All life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Color

DATE OF BIRTH: Feb 4 1908

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Hesse Blue

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Johnson

(Address) 1319 Etalan st

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 15 1908 that I last saw her alive on July 15 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 14 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date July 18. 1908. 190

Place of Burial Mt Olivet

Date July 16 1908

Undertaker Sam'l W. Chase & Son

Address 1400 Druid st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13995 Registered No. B C13995

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George M. Sitz (City)

{ Residence, if in Baltimore, Give Street and Number. } 612 N Edwd St

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W. |
| DATE OF BIRTH | [illegible] 1 |
| AGE | 77 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W. |
| BIRTHPLACE (State or country) | Wash. DC. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Engineer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Sally(da), S.[illegible] BAY VIEW ASYLUM.

(Address) [illegible]

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 14 1908 that I last saw h[illegible] alive on July 14 1908, and that death occurred, on the date stated above, at 10.30 M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis

Bright's Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H H Tate M.D.

Address Bay View Hosp.

Date July 15 1908

Place of Burial Mount Calvary

Date July 17 1908

Undertaker Robt J Turner

Address 1242 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13996

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L. Gebhardt

{ Residence, if in Baltimore, Give Street and Number. } Bay View Hospital.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W. |
| DATE OF BIRTH | Apr 29 1886 |
| AGE | 22 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Gebhardt

(Address) 724 S Caroline St

Filed 7/16 1908

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb-12 1908 to July 15 1908

that I last saw h alive on July 15 1908,

and that death occurred, on the date stated above, at 12.30

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tbc

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date July 15 1908

Place of Burial Mt. Olivet

Date July 17 1908

Undertaker Geo. J. Skinner

Address 1424 E. Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13997

Registered No. B C13997

# CERTIFICATE OF DEATH.

1720

(Place of Death.) No. 509 Robert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Henderson

{Residence, if in Baltimore, Give Street and Number.} 509 Robert St

Duration of Residence in Baltimore. 18 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem'l | COLOR: Col'd

DATE OF BIRTH: 1873

AGE: 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: James Osby

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Osby

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac C. Henderson

(Address) 509 Robert St

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

unknown (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm. Bartram M.D.

Address 700 Lex. ave. City

Date July 15th 1908

Place of Burial Mt. Zion Cem.

Date July 17th 1908

Undertaker Sam'l H. Gladstone

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C13998 — Registered No. B C13998

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1307 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Jones

{Residence, if in Baltimore, Give Street and Number.} 1307 Riggs Ave

Duration of Residence in Baltimore. 2 yrs

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH 1

AGE ..... years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward Johnes

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Barnes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwara Johnes

(Address) 1307 Riggs a

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Dis Mos (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Silas Blackburn M.D.

Address 700 Log. ad. Corner

Date July 15th 1908

Place of Burial Cat arbum

Date July 16 1908

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 13399 (13399)

17?

# CERTIFICATE OF DEATH.

(Place of Death.) No. 100 University Hosp St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas H Dorsey

Residence, Give Street and Number, 140 Rutter St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: C

DATE OF BIRTH: ..... 1

AGE: 33 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Dorsey

(Address) 1110 Rutter

Filed 7/16 1908

HARRY O'ANDREWS, PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Drowning - Accidental

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address Coroner

Date July 16 1908

Place of Burial Mt Auburn Cem

Date July 16th 1908

Undertaker Jam's H. Chase & Son

Address 1400 Mosher St

Remarks Fell into Mirian Cove. Breathed a few times after arriving at hospital. Same person dead.

THIS FORM WILL FILL OUT THE PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B C14000

C14000

13

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2043 Canton av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Brick (Brick)

{ Residence, if in Baltimore, Give Street and Number. } # 2043 Canton av,

Duration of Residence in Baltimore. about 24 years,

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Adam Brick.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Sophie Brick.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brick.

(Address) 2043 Canton Ave

Filed 7/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 15 1908 that I last saw him alive on July 14 1908, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Kehlberger M.D.

Address #1709 Alice Anna St.

Date July 15 1908

Place of Burial St Stanislaus

Date Friday July 17" 1908

Undertaker W J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14001 Registered No. B C14001

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Lapsley

{Residence, if in Baltimore, Give Street and Number.} 1417 N. Caroline

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH —— 1

AGE 47 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos J. Lapsley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. J. Lapsley

(Address) 1811 N. Washington St

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from ——190— to ——190—

that I last saw h— alive on ——190—,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

Fell from 3rd Story window. (DURATION) Accr DAYS

Contributory (Primary.) ——— (DURATION) DAYS

(Signed) Geo. Carnelius M.D.

Address Coroners Office

Date July 14 — 08 190—

Place of Burial Cathedral Cemetery

Date July 17th 1908

Undertaker Chas F. Evans

Address 1184 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C14002 Registered No. B C14002

41

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 Appleton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sallie Champayne Bantz

{Residence, if in Baltimore, Give Street and Number.} 1809 Appleton St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March 26, 1836

AGE: 72 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed.

BIRTHPLACE (State or country): Howard, Co.

FULL NAME OF FATHER: William Roger Champayne.

BIRTHPLACE OF FATHER (State or country): Baltimore Co.

MAIDEN NAME OF MOTHER: Naamah Kelly.

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Widow.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lister A. N. Coldin

(Address) 1809 Appleton St

Filed 7/16 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to July 14 1908 that I last saw her alive on July 14 1908, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Intestine (DURATION) 2 years

(Signed) Roscoe C. Metzel M.D.

Address 1903 W. Northern

Date July 15, 1908

Place of Burial Greenmount Cemetery

Date Saturday, July 18, 1908.

Undertaker Geo. J. Smith & Co.

Address 1000 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C14003 Registered No. B 8007[illegible]

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2208 Eager Pl. St. 27

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. Schneider

{Residence, if in Baltimore, Give Street and Number.} 2208 Eager Pl.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 31 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schneider

(Address) 2208 Eager St.

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 710 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Emilio M.D.

Address Cor. Lee & Eager

Date July 15 1908 190..

Place of Burial Mt. Carmel

Date July 17 1908

Undertaker Frank Grach & Son

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P. ## 8 C14004 Registered No. B C14004

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Plunkett.

{Residence, if in Baltimore, Give Street and Number.} 628 N. Calvert St

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1874

AGE 34 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) City of Balto.

FULL NAME OF FATHER James Plunkett

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Boland

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Plunkett

(Address) 429 E. 20th St.

Filed 7/17 1908 HARRY C. ANDR... PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16. 1908

I HEREBY CERTIFY, That I attended deceased from July 8. 1908 to July 16 1908 that I last saw h.. alive on July 16 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

Unknown (DURATION) — DAYS

Contributory (Primary.) ~~Chronic Nephritis~~

(DURATION) ..... DAYS

(Signed) Landstreet M.D.

Address 712 Park ave

Date July 16 1908 190

Place of Burial St. Mary Gra...

Date July 18 1908

Undertaker C. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C14005

Registered No. B C14005

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Lee -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black -

DATE OF BIRTH April 24, 1908

AGE ..... years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frank Brown

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Agnes Lee

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home per Mc Ke

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to July 15, 1908 that I last saw h[illegible] alive on July 15, 1908, and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 2 mos. ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Willis M.D.

Address 1519 N. Carolina St.

Date July 16, 1908

Place of Burial Cathedral Cemetery

Date July 17th 1908

Undertaker Felix Blouse

Address 1026 Eutaw st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14006

Ward ..... C14006 Registered No. B .....

18

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2228 Boston St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Janette Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 2228 Boston st

Duration of Residence in Baltimore. 55 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER H. Wertheimer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Kaufman

(Address) 2228 Boston St

Filed 7/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 15th 1908 that I last saw her alive on July 15th 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (DURATION) 8 DAYS

Contributory (Primary.)

Endocarditis (DURATION) 6 mos DAYS

(Signed) C. N. Kilmer M.D.

Address 3200 Hudson st

Date July 6th 1908

Place of Burial Balto Hebrew Cemetery

Date July 17 1908

Undertaker J. Thomas Co

Address 160 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14007 Registered No. B C14007

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 511 Robert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Angelina Kelly

{Residence, if in Baltimore, Give Street and Number.} 511 Robert St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Alma Kelly

(Address) 511 Robert St.

Filed 7/17 1908 HARRY G. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Unknown (DURATION) DAYS

Con'ributory (Primary.) ...

(DURATION) DAYS

(Signed) Wm Blackburn M.D.

Address 700 Log. av. (Towson)

Date July 15th 1908

Place of Burial Mt Jim

Date July 17 1908

Undertaker R. A. Eddleston

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14008

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C14008

# CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1518 Baltimore Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Baby Jacob S. Fowler

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 27 (Month) 27 (Day) 1907 (Year)

AGE: 1 years, ..... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John L. Fowler

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Rachel Hamm

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fowler

(Address) 1518 Baltimore Ave.

Filed 7/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 6 1908 that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 1:30 P.M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis,

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm. P. McDonald M. D.

July 6 1908 (Address) 1300 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: July 7 1908

UNDERTAKER: Edward J. Fanning

ADDRESS: 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C14009 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N Green St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Lewis

{ Residence, if in Baltimore, Give Street and Number. } 120 N Green St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 16 1908

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Petrus Pusata

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Lewis

(Address) 120 N Green

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1908

I HEREBY CERTIFY, That I attended deceased from July 11- 1908 to July 16 1908 that I last saw him alive on July 15 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea & Enteritis

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Theo. A Schaefer M.D.

Address 636 Columbia Ave

Date July 17th 1908

Place of Burial ~~July 18~~ St Alphonsus

Date July 18 1908

Undertaker N. S. Trinth

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — C14010 — Registered No. C C14010

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2306 Cedar Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Smith

Residence, Give Street and Number, S. W. corner Grove & E. Fayette Sts

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: April 12 th 1908

AGE: ..... years, 3 months, 4 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: Charles E. Smith

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Martha L. Appleby

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha L. Smith

(Address) 148 Grove st.

Filed 7/17 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 3, 1908 to July 16 1908

that I last saw him alive on July 16 1908

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Congenital Debility (DURATION) Life DAYS

(Signed) Eugene L. Pessagno M. D.

Address 2112 E. Baltimore St

Date July 16 1908.

Place of Burial St Marys Hampden

Date July 19 th 1908

Undertaker Wm E. Chenowith & Son

Address 919 3rd ave Hampden Baltimore Md

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C14011 Registered No. B C14011

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Thos. Wright

{Residence, if in Baltimore, Give Street and Number.} 1512 Bennington Place

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown

AGE: 50 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Lashorn

(Address) 1517 Hennington Place

Filed 7/17 1908 BARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Accidental Fall (DURATION) ..... DAYS

(Signed) Silas Bradham M.D.

Address 700 Lex. Av. (Corner)

Date July 15th 1908

Place of Burial Western Cem.

Date July 18/08 190

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14012 Registered No. B C14012

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 30 S. Carey. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ollie G. Nicklas.

{Residence, if in Baltimore, Give Street and Number.} 30 S. Carey. St.

Duration of Residence in Baltimore. 16 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER James H. McGeret

BIRTHPLACE OF FATHER (State or country) Dallas City

MAIDEN NAME OF MOTHER Mary E. Roth

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert S Nicklas

(Address) 1713 Wtex St

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1907 to July 16, 1908 that I last saw h er alive on July 16, 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

— (DURATION) 8 Mos.

Contributory (Primary.) Dont Know (DURATION) DAYS

(Signed) Albert T. Chambers, M.D.

Address 614 S Paca st

Date July 16 1908

Place of Burial Loudon Park

Date July 17 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C14013 Registered No. B C14013

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 N. Monroe St. — St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number)

Full Name Sue E Taneyhill. —

{Residence, if in Baltimore, Give Street and Number.} 1603 N. Monroe St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ward H Taneyhill.

(Address) 1603 N. Monroe St

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 16 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 16 1908 that I last saw h alive on July 15 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation
acute Indigestion

(DURATION) DAYS

Contributory (Primary) Bright's Disease

(DURATION) DAYS

(Signed) Wilbur Jones M.D.

Address 1744 E Monument

Date July - 16th 1908

Place of Burial Loudon Park

Date July 18/08 190

Undertaker Wm Cook

Address 926 Eastern av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14014

Ward 7 C14014 Registered No. B

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 225 S Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clinton J Williams

{Residence, if in Baltimore, Give Street and Number.} 225 S Durham St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Col |
| DATE OF BIRTH | Nov 27 1876 |
| AGE | 21 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Armsted Williams |
| BIRTHPLACE OF FATHER (State or country) | Middle Sey Co. Va |
| MAIDEN NAME OF MOTHER | Ada Henry |
| BIRTHPLACE OF MOTHER (State or country) | Middle Sey. Co. Va |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Williams

Address 225 S. Durham St

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to one day July 15 1908 that I last saw h- alive on July 15 1908 and that death occurred, on the date stated above, at 9.31 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

T. B.

Hemorrhage of Lungs (DURATION) 1 DAYS

Contributory (Primary) Hemorrhage of Lungs (DURATION) — DAYS

(Signed) L. G. McMennard M.D.

Address 708 Cross Alley

Date July 15 1908

Place of Burial Laurel Cemetery

Date July 17 1908

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14015 — Registered No. B C14015

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 Sargeant St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Leo. Kelly —

{ Residence, if in Baltimore, Give Street and Number. } 1233 Sargeant St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 15 1903

AGE: 2 years 10 months 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Martin Kelly —

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Doyle

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin E. Kelly,

(Address) 1233 Sargeant St

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to July 16 1908

that I last saw h — alive on July 15 1908

and that death occurred, on the date stated above, at 2.20 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

(DURATION) 17 DAYS

Contributory (Primary) Peritonitis (DURATION) 1 DAYS

(Signed) Edward Kemp M.D.

Address 617 Cathedral St

Date July 16 — 1908

Place of Burial Roman Cathedral Cemetery

Date July 18 1908

Undertaker H. C. Bramm & Son

Address 5 N. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C14016 Registered No. B C14016

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 506 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Fr. King

{Residence, if in Baltimore, Give Street and Number.} 506 S. Madeira St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3rd 1908

AGE: — years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph Fr. King

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Anna M. Greisinger

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fr. King

(Address) 506 S. Madeira St.

Filed 1/17 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, ~~That I~~ attended deceased from July 1 1908 to July 15 1908 that I last saw h~~im~~ alive on July 15 1908 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Diarrhoea (DURATION) 16 DAYS

(Signed) Geo. L. Mattes M.D.

Address 6 N. Broadway

Date July 16 1908

Place of Burial Mount Carmel Cemetery

Date July 17th 08 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C14017 Registered No. B C14017

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 1119 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Wells

{Residence, if in Baltimore, Give Street and Number.} 1119 W Hamburg St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 1907

AGE 0 years. 8 months. 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frederick Wells

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret O'Brien

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret O'Brien

(Address) 1119 W. Hamburg St

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 15 1908 that I last saw h— alive on July 15 1908, and that death occurred, on the date stated above, at 10 M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Gunster M.D.

Address 617 Lexington

Date July 16 1908

Place of Burial Cathedral Cem.

Date July 17 th 1908

Undertaker Daniel and W. S. Flynn

Address 42. East West. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16

C14018

Registered No. B C14018

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1120 N Vincent St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin E. Wayman

{ Residence, if in Baltimore, Give Street and Number. } 1120 ~~N Vincent St~~ 1120 Vincent ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Eden Wayman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eden Wayman

(Address) 1120 Vincent st

Filed 7/17 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....m., CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 3 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette (Corner)

Date July 16th 1908

Place of Burial Cut Arbors

Date July 17 1908

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C14019 Registered No. B C14019

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Eli

{ Residence, if in Baltimore, Give Street and Number. } 1413. Eastern Ave

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 51 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cuba

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/17 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to July 15 1908 that I last saw h~~im~~ alive on July 15 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tubercu-
losis : ~~Pul~~ Tubercu
lous enteritis.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P. H. Mcgough M.D.

Address Johns Hopkins Hospital

Date July 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 16 1908 190...

Undertaker Commissioner Health

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

143

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C14020 Registered No. B C14020

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Towson Kuloney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 28 1908

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/17 1908 MARY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to July 16 1908 that I last saw h-- alive on July 16 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. E. Buxton M.D.

Address 222 E. Eager St

Date July 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 16 1908 1908

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

143

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14021

Ward 8 C14021 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Townsend Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Adolphus Hoffmann

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 1. 1908

AGE: years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: George A Hoffmann

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary E. Boring

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A Hoffman Pa

(Address) 1735 Townsend Place

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 15 1908 that I last saw him alive on July 15 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia & Exhaustion

(DURATION) DAYS

Contributory (Primary.) diarrhea & Enteritis

(DURATION) 7 DAYS

(Signed) John H. Sanderson M.D.

Address 1505 E. Lafayette Ave.

Date July 15. 1908

Place of Burial Baltimore Cemet

Date July 17 1908

Undertaker Robert J Turnbull

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C14022 — Registered No. B C14022

# CERTIFICATE OF DEATH.

(Place of Death.) No. 510 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Wernicki

{ Residence, if in Baltimore, Give Street and Number. } 510 S. Dallas St

Duration of Residence in Baltimore. 22 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Warwzyniez Wernicki

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Victoria Wernicka

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wernicka.

(Address) 510 S. Dallas St

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to July 14th 1908

that I last saw h[e] alive on " 1908,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fickel M.D.

Address 9.6. Biddle St,

Date July 15th 1908

Place of Burial Holy Rosary—

Date Friday July 17" 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14023 Registered No. B C14023

# CERTIFICATE OF DEATH. 108

(Place of Death.) No. 2301 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William E. Andrews

{ Residence, if in Baltimore, Give Street and Number. } 2301 E. Preston

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 23 1875

AGE 32 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm E. Andrews

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaret R. Bibley

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Craftsman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie M. Booth

(Address) 2301 E. Preston

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th, 1908

I HEREBY CERTIFY, That I attended deceased from July 15th, 1908 to July 16th, 1908 that I last saw h~~im~~ alive on July 16th, 1908 and that death occurred, on the date stated above, at 9:15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Perforation.

(DURATION) DAYS

Contributory (Primary.) Volvulus

(DURATION) 1 DAYS

(Signed) Albert G. Ingraham M.D.

Address 1503 E. Madison.

Date July 17th, 1908

Place of Burial Balto. Cem.

Date 7/19/08 190

Undertaker J. Henry & Son

Address 300 E. Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14024 Registered No. B C14024

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1103 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick D. Meyer

{Residence, if in Baltimore, Give Street and Number.} 1103 N. Eden

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 29th 1907 |
| AGE | ~ years, 7 months, 18 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Sabastian Meyer |
| BIRTHPLACE OF FATHER (State or country) | Hungarian |
| MAIDEN NAME OF MOTHER | Susanna |
| BIRTHPLACE OF MOTHER (State or country) | Hungarian |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susanna Meyer

(Address) 1707 Somerset St

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from 24 June 1908 to 16 July 1908 that I last saw him alive on 15 July 1908 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

About 3 Weeks (DURATION) DAYS

Contributory (Primary) Teething

& Exhaustion (DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N Eden St

Date 17 July 1908

Place of Burial Holy Redeemer

Date 7/17/08 190

Undertaker J. Kerrigan Son

Address 1625 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C14025

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14025

Registered No. B.....

City of Baltimore, (No. 128, N. Front St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Klein

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH: June (Month) 18 (Day) 1908 (Year)

AGE: — years, 3 weeks months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Abraham A. Klein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Isaacson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: nona

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham A. Klein

(Address) 128 N. Front st

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 16 1908 that I last saw h[illegible] alive on July 16 1908, and that death occurred, on the date stated above, at 1130 P. M. The CAUSE OF DEATH was as follows:

Prostration

(DURATION) 3 DAYS

Contributory Simple Atrophy of Liver (DURATION) DAYS

(Signed) Wm. Grant M. D.

July 17 1908 (Address) 1721 N. Payson st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rosedale Cemetery

DATE OF BURIAL: July 17 1908

UNDERTAKER: W. C. Grimes - Learned

ADDRESS: 1227 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

P.S. This was a 7½ months premature birth.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

C14026

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14026

Registered No. B.....

City of Baltimore, (No. 306, S. Norris St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm E. Butterbaugh

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 2 (Day) 1908 (Year)

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Finley Butterbaugh

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: May Hines

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Finley Butterbaugh

(Address) 306 S. Norris St.

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908 that I last saw h[illegible] alive on July 7 1908, and that death occurred, on the date stated above, at 9.15 P. M. The CAUSE OF DEATH was as follows:

Enteric Colitis

(DURATION) 18 DAYS

Contributory Exhaustion

(DURATION) 15 DAYS

(Signed) J. L. Hooper M. D.

July 190 (Address) 220 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 17 1908

UNDERTAKER: A. Jones

ADDRESS: 216 S. Strickland St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C14027

Registered No. B C14027

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 524 Laurens St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Smith

{Residence, if in Baltimore, Give Street and Number.} 524 Laurens St.

Duration of Residence in Baltimore. 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: male | COLOR: Color |
| DATE OF BIRTH: 1 | |
| AGE: ..... years, 5 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: single | |
| BIRTHPLACE (State or country): Baltimore md | |
| FULL NAME OF FATHER: James Smith | |
| BIRTHPLACE OF FATHER (State or country): Virginia | |
| MAIDEN NAME OF MOTHER: Rosia Briscoe | |
| BIRTHPLACE OF MOTHER (State or country): Maryland | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Smith

(Address) 524 Laurens

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 16 1908 that I last saw him alive on July 16 1908, and that death occurred, on the date stated above, at 11.25 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio Pneumonia. (DURATION) ..... DAYS

Contributory (Primary.) Cholera Infantum. (DURATION) 3 DAYS

(Signed) Wm. H. Wright M.D.

Address 1313 N. Carey St

Date July 16 1908

Place of Burial Mt Auburn

Date July 17th 1908

Undertaker Felix B Rye

Address 1025 a Mulberry stree

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C14028

C14028

# CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 445 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dennis Carpenter

{Residence, if in Baltimore, Give Street and Number.} 445 Orchard St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR W

DATE OF BIRTH Dec 1st 1860

AGE 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Dennis Carpenter

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laundry Horse Employee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Carpenter

(Address) 117 Potts Ave

Filed 7/17 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 15 1908 that I last saw him alive on July 15 1908 and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Trouble

(DURATION) 3 DAYS

Contributory (Primary.) Intestinal

Nephritis (DURATION) 360 DAYS

(Signed) John E. Huck M.D.

Address 647 W Lafayette Ave

Date July 16 1908

Place of Burial Laurel Cemetery

Date July 19 1908

Undertaker E. G. Brooks

Address 117 Potts Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14029 — Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Rosso

{Residence, if in Baltimore, Give Street and Number.} 611 Scott St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 13 1865 |
| AGE | 44 years, 7 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto Md |
| FULL NAME OF FATHER | Geo C Rosso |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Katherine Kalb |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Cigar Maker |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Antonia M. Rosso

(Address) 611 Scott St

Filed 7/17 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to July 16 1908 that I last saw h alive on July 15 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 150 DAYS

Contributory (Primary.)

(DURATION) 30 DAYS

(Signed) Edw Grempler M.D.

Address 517 Scott St

Date July 16 1908

Place of Burial Balto. Cem.

Date July 18 1908

Undertaker W. J. Pickerell & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

C14030 Registered No. C

# CERTIFICATE OF DEATH. 34

(Place of Death.) No. 612 Jasper St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. Haynes

Residence, Give Street and Number, 612 Jasper St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1

AGE: 4 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md

FULL NAME OF FATHER: Chas Haynes

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Sicelia Gordon

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Haynes

(Address) 612 Jasper St

Filed 7/17 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to July 15 1908

that I last saw h— alive on July 14 1908

and that death occurred, on the date stated above, at 3:3 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Ex Laneston

Contributory (Primary) General Tuberculosis (DURATION) 18 Mons DAYS

(DURATION) DAYS

(Signed) G. M. Litsinger M. D.

Address 127 E. North Ave

Date July 16th 1908

Place of Burial Laurel Cem

Date July 18 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

Remarks

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C14031 Registered No. B C14031

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 417 N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gertrude Jenkins

{Residence, if in Baltimore, Give Street and Number.} 417 N Durham

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wheatley

(Address) 417 N. Durham St

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 7 AM

...M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Geo. Cullen M.D.

Address Edson Hosp

Date July 16 1908

Place of Burial Cabin John

Date July 18 1908

Undertaker P. C. Edwards

Address 506 Regan Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 014032 — Registered No. B 014032

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1416 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sveria Goass

{Residence, if in Baltimore, Give Street and Number.} 1416 McElderry

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B

DATE OF BIRTH 1832

AGE 76 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pinder

(Address) 1416 McElderry St

Filed 7/17 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 ....., and that death occurred, on the date stated above, at 11½

I. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fred'k Camalier M.D.

Address Carrollton Ave

Date July 16 1908

Place of Burial Laurel Cemetery

Date July 18th 1908

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14033 Registered No. B ..... C14033 / 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2201 Gallagher bt. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Rauh

{ Residence, if in Baltimore, Give Street and Number. } 2201 Gallagher bt.

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 1st 1907

AGE ..... years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Fredrick Rauh

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Elizabeth Luers

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Elizabeth Rauh

Address 2201 Gallagher bt

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 15 1908 that I last saw her alive on July 15 1908, and that death occurred, on the date stated above, at 5.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Con'tributory (Primary.) Cholera Infantum

(DURATION) 14 DAYS

(Signed) E. Judson Miller M.D.

Address 409 W. Balto St

Date July 17 1908.

Place of Burial Sacred Heart Cem

Date July 18th 1908

Undertaker Jno. A. Inman

Address Bank & Annsts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C14034 Registered No. B C14034

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 921 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Manning

{Residence, if in Baltimore, Give Street and Number.} 921 E. Hoffman St

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Cooney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Hughes

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 921 E Hoffman St

Filed 7/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to July 15th 1908 that I last saw her alive on July 15th 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. W. Peare M.D.

Address 1238 Freemont

Date July 16 1908

Place of Burial Holy Cross

Date July 18, 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14035 Registered No. B C14035

23

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Willis

{Residence, if in Baltimore, Give Street and Number.} 649 W. Fayette St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 29th 1901

AGE: 6 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frostburg Md

FULL NAME OF FATHER: Chas. Eisintrout

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Louceida Miller

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Loucinda Willis

(Address) 1316 Penna Ave

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to July 16 1908 that I last saw h Er alive on July 16 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Hydrophobia

(DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address City Hospital

Date July 16 1908.

Place of Burial Frostburg Md

Date July 18th 1908

Undertaker G. F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14036 Registered No. B C14036

# CERTIFICATE OF DEATH.

157

(Place of Death.) No. 946 N Washington st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Leo Lochner

{ Residence, if in Baltimore, Give Street and Number. } 946 N Washington st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 22nd 1908

AGE: ..... years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John O. Lochner

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Catherine Cassidy

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O. Lochner

(Address) 946 W. Washington

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1908

I HEREBY CERTIFY, That I attended deceased from June 22nd 1908 to July 16th 1908 that I last saw h[illegible] alive on July 16th 1908, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 24 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Chas B. Fisher M.D.

Address 530 N Broadway

Date July 17th 1908

Place of Burial Most Holy Redeemer

Date July 18th 1908

Undertaker B. Schulman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

C14037

Ward 7

C14037 Registered No. B 13

# CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Warner. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernestina Muir.

{ Residence, if in Baltimore, Give Street and Number. } 906 Warner, St.

Duration of Residence in Baltimore. 48 Years.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | June 22nd 1834 |
| AGE | 74 years, 0 months, 26 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germ |
| FULL NAME OF FATHER | Henry Miller |
| BIRTHPLACE OF FATHER (State or country) | Germ |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | " |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Maier

(Address) 906 Warner st

Filed 7/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1908

I HEREBY CERTIFY, That I attended deceased from July 14, 1908 to July 16, 1908 that I last saw her alive on July 16 1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus,

(DURATION) 48 Hours

Contributory (Primary.) Don't Know (DURATION) Unknown

(Signed) Albert J. Chambers, M.D.

Address 614 S. Paca St

Date July 17, 1908

Place of Burial Trinity Cem

Date July 19th 1908

Undertaker E. Schloman & Son

Address 1529 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C14038

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14038
64

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1039, Concord ave St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Kenny Middlecamp

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ..... months, ..... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widow.

BIRTHPLACE (State or country): American

FULL NAME OF FATHER: Jam Dooley —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt McGill.

(Address) 1039 Concord St.

Filed 7/18/ 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 17 1908 that I last saw h.. alive on July 16 1908, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) James M Fenton M. D.

July 17 1908 (Address) 9 W E. Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Marlenburg W. Va

DATE OF BURIAL: July 18 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 4039 Registered No. B 14039

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 916 Morris Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Madden.

{Residence, if in Baltimore, Give Street and Number.} 916 Morris Alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: B.

DATE OF BIRTH: July 17 1908

AGE: ..... years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Oscar Davidson.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Grace Madden.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Madden

(Address) 916 Morris Alley.

Filed 7/18 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th 1908.

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 3 1908 that I last saw h.. alive on July 3 1908, and that death occurred, on the date stated above, at 3:00 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremic Coma.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt L Black M.D.

Address 102 Eastern Ave

Date July 17 1908

Place of Burial Mt Auburn Cemetery

Date July 18. 1908

Undertaker R. St E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C14040 Registered No. B 14040

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 2232 Lanvale Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn Hilland

{Residence, if in Baltimore, Give Street and Number.} 2232 Lanvale Place

Duration of Residence in Baltimore. During Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1908

AGE: ——— years, 5 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Holland

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah Shaney

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Nosset

(Address) 1442 N Gay.

Filed 7/18 1908 EMMA C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1908,

I HEREBY CERTIFY, That I attended deceased from July 29th 1908 to July 3rd 1908 that I last saw h— alive on July 3rd 1908 and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

Infant 5 Months old

Congenital Marasmus, Child has not taken any Medicine, it was Very Small, & delicate (DURATION) — DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Abraham Hertzler M.D.

Address

Date 190

Place of Burial Green Mount

Date July 19 1908

Undertaker Geo Nosset

Address 1442 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the cause and date of death.

...il further enq... ...dained, That whenever any person shall die in the said city it shall be ...last sickness, or the Coroner, when the case comes under his ...or other person superintending the burial, a certificate ...whether married or single) of the person

Ward 7 — Registered No. B C14041

C14041

# CERTIFICATE OF DEATH.

18

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Bichmann

{ Residence, if in Baltimore, Give Street and Number. } 3 W. Heath St.

Duration of Residence in Baltimore. 57 years (Bichmann)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 9 1830

AGE 77 years, 9 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Lawrence Bichmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosena Bichmann

(Address) 3 W. Heath St

Filed 7/18/08 1908 HARRY C. ANDREWS [PERMIT CLERK]

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 16 1908 that I last saw h in alive on July 16 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Com. J. Schmitt M.D.

Address City Hospital

Date July 16 1908.

Place of Burial Loudon Park

Date July 19 1908

Undertaker Jos. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14042

15

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14042

114

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1535 Stevington Place; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine R Garteide

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) — (Day) 1840 (Year)

AGE: 68 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Henry Garteide

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Cecilia A Hay

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Garteide

(Address) 1718 W Lombard

Filed 7/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5th 1908 to July 16 1908 that I last saw h[er] alive on July 16 1908, and that death occurred, on the date stated above, at 9.15 A. M. The CAUSE OF DEATH was as follows:

Acute Cholecystitis

Ast (DURATION) 14 DAYS

Contributory

Pneumonia (DURATION) 4 DAYS

(Signed) L. F Frey M. D.

July 17 1908 (Address) 2466 Druid Hill Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 17 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C14043

Registered No. C 14043 166

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Shelton Lee Farrall

Residence, Give Street and Number, Admiral A A Co

Duration of Residence in Baltimore, 1 week

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH April 28 1889

AGE 19 years, 2 months, 19 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~:

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm H. Farrall

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sophia R Malone

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Ground Hand at B A Pk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Farrall

(Address) Admiral A. A. Co

Filed 7/18 1908 HARRY C. ANDREWS PUBLIC CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from as Prisoner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Electric Shock and burns (Lineman. Fell from pole while at work a.s.o)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address

Date July 17 1908

Place of Burial Admiral A. A. Co Md

Date July 18 1908

Undertaker Lee Block

Address 1003 E Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

C14044 Registered No. B C14044

# CERTIFICATE OF DEATH.

11

(Place of Death.) No. 207 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Elizabeth~~ Rebecca Jane Simmonds

{Residence, if in Baltimore, Give Street and Number.} 207 S Mount

Duration of Residence in Baltimore. 5 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 13th. 1857

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Shinn

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Rebecca Shinn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel J. Zollers

(Address) 207 S. Mount St

Filed 7/18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17. 1908

I HEREBY CERTIFY, That I attended deceased from June. 1 1908 to July 17 1908 that I last saw her alive on July 17 1908 and that death occurred, on the date stated above, at ——M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 W. La Fayette Ave

Date July. 17. 1908

Place of Burial Laurel Md

Date July 19th 1908

Undertaker E. F. McComas

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C14045 Registered No. B C14045

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1956 S. Hanovers St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma D. Lewis

{ Residence, if in Baltimore, Give Street and Number. } 1956 S. Hanovers St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH March 4 1883

AGE 25 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Marsh

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Frank Lewis

(Address) 1956 Hanovers St,

Filed 7/18 1908

W. C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 17 1908

that I last saw her alive on July 16 1908,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 3 DAYS

Con'tributory (Primary) Pulmonary Tuberculosis (DURATION) 8 Mos DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St

Date July 17 1908

Place of Burial Mt-Olivet

Date July 19 190

Undertaker Robin & Evans & Sons

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C14046

Registered No. B 92

C14046

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Sybesler.

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infant Asylum.

Duration of Residence in Baltimore. one month & 9 days

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White. |
| DATE OF BIRTH | May 6th. 1908. |
| AGE | ..... years, 2 months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Baltimore. |
| FULL NAME OF FATHER | Laurence Sybesler. |
| BIRTHPLACE OF FATHER (State or country) | New York State. |
| MAIDEN NAME OF MOTHER | Grace May Price. |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore. |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Infant Asylum

(Address) [illegible] ST. ANDREWS

Filed 7/18 1908

[illegible] PERMIT CLERK.

Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 15 1908.

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 15 1908 that I last saw h... alive on July 15 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick D. Martin M.D.

Address 1002 W. Fayette.

Date July 17 1908.

Place of Burial New Cathedral

Date July 18th 1908.

Undertaker Martin Fahey & Sons

Address 606 E. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14047

Ward 14 Registered No. B C14047

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eustonia Fear.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: June 13. 1908

AGE: ..... years, 1 month, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Md

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy.

(Address) .....

Filed 7/18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16th. 1908

I HEREBY CERTIFY, That I attended deceased from June 13th 1908 to June 16th 1908.

that I last saw her alive on July 16th 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) 2 DAYS

(Signed) Rev. J. J. Dillon. M. D. Rev. J. J. Tucker M.D.

Address 9 E. Biddle St.

Date July 17th 1908.

Place of Burial New Cathedral

Date July 18 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14048 Registered No. B C14048

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Peters.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 19 1908

AGE: ... years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Md

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Md

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 7/18 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from June 19th 1908 to July 16 1908

that I last saw h sive alive on July 16 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. J. Dulany M. D. Jno. J. Duschen M.D.

Address 9 E. Biddle St.

Date July 17th 1908.

Place of Burial New Cathedral

Date July 18 1908

Undertaker Martin Feaby & Sons

Address 640 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14049 Registered No. B C14049

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliette Day.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 16 1908.

AGE: ..... years, 1 month, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unk.

BIRTHPLACE OF FATHER (State or country): Unk.

MAIDEN NAME OF MOTHER: Unk

BIRTHPLACE OF MOTHER (State or country): Unk.

OCCUPATION OF DECEASED: Unk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum.

(Address)

Filed 7/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1908

I HEREBY CERTIFY, That I attended deceased from June 16th 1908 to July 16th 1908 that I last saw h.er alive on July 16 1908, and that death occurred, on the date stated above, at 8 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) M. J. Dillon, M. D. Rev. J. J. Fischer M.D.

Address 9 E. Biddle St.

Date July 17th 1908.

Place of Burial New Cathedral

Date July 18 1908

Undertaker Martin Feeley & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14050 C14050 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Curley

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH January 11 1908

AGE ..... years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 7/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to July 6 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Atelectasy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fowler M.D.

Address 9-6. Biddle St.

Date July 18 1908

Place of Burial New Cathedral

Date July 18 1908

Undertaker Martin Fahey & Son.

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14051 Registered No. B C14051

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kenindy —

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/18 1908

Registrar

HARRY O. [illegible]
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 17 1908

that I last saw h[illegible] alive on July 17 1908,

and that death occurred, on the date stated above, at 6.15 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion.

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date July 18 1908

Place of Burial Forest Heath

Date July 18th 1908

Undertaker Tilly & Zirkin

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C14052 — Registered No. B C14052

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1367 N Carey St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Gordon

{Residence, if in Baltimore, Give Street and Number.} 1367 N. Carey st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Gordon

BIRTHPLACE OF FATHER (State or country) Benjamin

MAIDEN NAME OF MOTHER Mary E Bullock

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Gordon

(Address) 1367 N Carey St

Filed 7/18/08 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to July 16 1908 that I last saw h[illegible] alive on July 16 1908, and that death occurred, on the date stated above, at 11.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Hemorrhage of Lungs

Heart failure

(DURATION) 35 DAYS

Contributory (Primary.) Hemorrhage of Lungs (DURATION) 35 DAYS

(Signed) Leigh Richmond M.D.

Address 703 Eutaw St

Date July 16 1908

Place of Burial Mt Lebanon

Date July 19 08 1908

Undertaker Clarence E Wright

Address 1316 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 22 — C14053 — Registered No. B C14053

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 112 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Denkewicz

{ Residence, if in Baltimore, Give Street and Number. } 112 N Bond St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 22 " 1907

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: John Denkewicz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Nellie Mearlesky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Denkewicz

(Address) 112 N. Bond St

Filed 7/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 17 1908

that I last saw h alive on June 16 1908

and that death occurred, on the date stated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

Gastro. Enteritis

(DURATION) 3 wk DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) G C Glades M.D.

Address 1436 E Biddle

Date July 17 1908

Place of Burial Holy Redeemer

Date July 19 1908

Undertaker N S Finch

Address 2113 N Pierce St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21

Registered No. B C14054

C14054

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1136 Bowen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L Christmas

{Residence, if in Baltimore, Give Street and Number.} 1136 Bowen st.

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 19 1876

AGE 32 years, 5 months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Newburn V. S.

FULL NAME OF FATHER Holland

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Holland

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Christmas

(Address) 1136 Bowen

Filed 7/18 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to July 16 1908 that I last saw her alive on July 16 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

4 Y 6 months (DURATION) DAYS

Con'tributory (Primary.) Asthenia

1 day (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date July 17 1908

Place of Burial London Park

Date July 20 12 1908

Undertaker D Knull & Son

Address 80 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14055

Ward 22

C14055 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sidney P. Scott c

{Residence, if in Baltimore, Give Street and Number.} 116 W. Montgomery St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't know

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William Golder c

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Kent c

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Golder c mother

(Address) 203 N Bethune St.

Filed 7/18 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3.20 a.m.

CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

Chronic Bright's Disease

(DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos. McGuinness M.D.

Address Brown

Date July 17 1908

Place of Burial Mt. Auburn Cemetery

Date July 19 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14056

Ward 21

Registered No. B C14056

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 845 China St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Birdella Gooding

{Residence, if in Baltimore, Give Street and Number.} 845 China St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: January 12 1908

AGE: ___ years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Edward Gooding

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Georgia Robinson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Gooding (mother)

(Address) 845 China St

Filed 7/18 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Colon Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Leinhardt M.D.

Coroner

Address

Date July 18 1908

Place of Burial Mt. Auburn Cem.

Date July 18 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10X C14057 Registered No. B C14057

138.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 112 N. Calhoun St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud Lightford

{Residence, if in Baltimore, Give Street and Number.} 884 Booth St.

Duration of Residence in Baltimore. 3 Days

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl.

DATE OF BIRTH: 1887

AGE: 21 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gloucester Co, Va.

FULL NAME OF FATHER: Mazoniah Lightford

BIRTHPLACE OF FATHER (State or country): Middlesex Co, Va

MAIDEN NAME OF MOTHER: Maud Reed

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mazoniah Lightford

(Address) 884 Booth St

Filed 7/18 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/18/08 190

I HEREBY CERTIFY, That I attended deceased from 7/17/08 190 to 7/18/08 190 that I last saw h er alive on 7/18/08 190, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 4 DAYS

Contributory (Primary.) Pregnancy (DURATION) 6 months DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date 7/18/08 190

Place of Burial Blands Waf Va

Date July 19 1908

Undertaker W. J. Browning

Address 5 S Poplar St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14058 Registered No. B C14058

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 112 N Calhoun St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name None

{Residence, if in Baltimore, Give Street and Number.} Infant of Mazonick and Maud Lightfoot

Duration of Residence in Baltimore. 12 hours

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Bl.

DATE OF BIRTH: 7/17/08 1

AGE: 12 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Marjonick Lightfoot

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Maud Reed

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mazonnick Lightfoot

(Address) 887 Both St

Filed 7/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/17/08 190

I HEREBY CERTIFY, That I attended deceased from 7/17/08 190 to 7/17/08 190 that I last saw h alive on 7/17/08 190, and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Premature Child at 6th Month.

(DURATION) DAYS

Contributory (Primary.) ✓

(DURATION) DAYS

(Signed) Ralph Watty M.D.

Address Franklin Sq. Hosp.

Date 7/17/08 190

Place of Burial Blandensburg Va.

Date July 19 1908

Undertaker H J Branning

Address 5 Stapleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C14059

Registered No. C C14059

144

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 N. Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Hebles

Residence, Give Street and Number, 1424 N. Pratt St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: Sept 21 1884

AGE: 23 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John Hebles

BIRTHPLACE OF FATHER (State or county): Balto.

MAIDEN NAME OF MOTHER: Sarah F. Custer

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Hebles

(Address) 1424 N Pratt

Filed 7/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to July 16 1908

that I last saw him alive on July 16 1907

and that death occurred, on the date stated above, at 11.45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 4 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) Walter A. Lee M. D.

Address 54 S. Fulton Ave

Date July 17 1908

Place of Burial Loudon Park Cemetery

Date July 20 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C14060

C14060

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. West Maternity Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wallace Whelan Le Fevre

{ Residence, if in Baltimore, Give Street and Number. } 1303 Madison Ave.

Duration of Residence in Baltimore. 2 wks.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1908

AGE ..... years, ..... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Wallace P. Lefevre

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER M. E. Whelan

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A D Lewis

(Address) 38 W. 25th st.

Filed 7/18 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 18 1908 that I last saw him alive on July 17 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Indigestion

(DURATION) 10 DAYS

Contributory (Primary.) Congenital weakness (DURATION) 14 DAYS

(Signed) Howard D Lewis M.D.

Address 38 W. 25th st.

Date July 18 1908

Place of Burial New Cathedral

Date July 18 - 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward \ C14061 Registered No. B C14061

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. Rear First Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Snowden

{ Residence, if in Baltimore, Give Street and Number. } 1208 Canton al-

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 20th 1899

AGE 9 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William W. Snowden

BIRTHPLACE OF FATHER (State or country) W. Virginia

MAIDEN NAME OF MOTHER Katie Meyers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William W. Snowden

(Address) 1208 S. Canton Av

Filed 7/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comer M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Loudon Park Cem

Date July 19 1908

Undertaker Hamilton Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C14062 Registered No. B C14062

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 419 Girard Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Donald Campbell.

{Residence, if in Baltimore, Give Street and Number.} 419 Girard Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5 1907

AGE: 1 years, months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Campbell

BIRTHPLACE OF FATHER (State or country): Phila.

MAIDEN NAME OF MOTHER: Nellie ~~Gorman~~ Burns

BIRTHPLACE OF MOTHER (State or country): Phila.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Campbell.

(Address) 419 Girard Ave

Filed 7/18 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 17 1908 that I last saw h.. alive on July 17 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Enteric Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. M. Peace M.D.

Address 1238 Eutaw

Date July 17 1908

Place of Burial Cathedral

Date July 19/08. 190

Undertaker Wm Cook

Address 502 E Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14063

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH. C14063

Registered No. B

City of Baltimore, (No. 223 Pine St. North St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie E. Jones (Junior)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmle

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 28 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas McHoney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Queen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha McHoney

(Address) 223 N Pine St

Filed 7/18 1908

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 16 1908 that I last saw h ee alive on July 16 1908, and that death occurred, on the date stated above, at 12 —M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs

(DURATION) 8 months

Contributory General Exhaustion (DURATION) 7 DAYS

(Signed) J. H. Hoffman M. D.

July 16 1908 (Address) 702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: July 19 1908

UNDERTAKER: Geo H Hooper — ADDRESS: 609 Lombard St

WM. J. C. DULANY CO., BALTIMORE.

*

Ward 7

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 14064

C14064

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 124 S. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. W. Lutz

Residence, Give Street and Number, 124 S. Chapel St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: December 17 1907

AGE: ..... years, 7 months, 17 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Wm. W. Lutz

BIRTHPLACE OF FATHER (State or county): Balto. Md.

MAIDEN NAME OF MOTHER: Amelia Caplain

BIRTHPLACE OF MOTHER (State or county): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. W Lutz

(Address) 124 S. Chapel St.

Filed 7/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 17" 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 17 1908

that I last saw h im alive on July 14 1908

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chelsea Infantum

(DURATION) 20 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) O. R. Sels M. D.

Address Hebr. Hospital Dispens'y

Date July 18 - 1908

Place of Burial Greenmount Cem.

Date July 18" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

63

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14065

# CERTIFICATE OF DEATH.

C14065

Registered No. B .....

City of Baltimore, (No. 428 N. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Matthew H. O'Brien

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 56 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Henry O'Brien

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Drover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cadogan

(Address) 696 Mulberry St

Filed 7/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1908 to July 17th 1908

that I last saw him alive on July 16th 1908

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Effusion into Ventricles Space - Heat Exhaustion

60 Hours DURATION DAY

Contributory Past Spinal Sclerosis (10 yrs.) (DURATION) DAY

(Signed) Claude Van Bibber M. D.

July 17th 1908 (Address) 9 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Day

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | July 20 1908 |
| UNDERTAKER | ADDRESS |
| M Cadogan | 696 Mulberry St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C14066 Registered No. B C14066

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2336 Eager Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Cunat

{Residence, if in Baltimore, Give Street and Number.} 2120 E Monument st

Duration of Residence in Baltimore. 18 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Josef Cunat

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Bolcky

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Holy

(Address) 2120 E Monument st

Filed 7/18. 190 HARRY C. ANDREWS PERMIT CLERK Registrar

L.M.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 18 1908 that I last saw h Sr alive on 190, and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

8 months (DURATION) DAYS

Contributory (Primary.)

Endocarditis (DURATION) DAYS

(Signed) Wm J Reynolds M.D.

Address 1006 Eutaw

Date July 18 1908

Place of Burial St Alphonsus

Date July 21 1908

Undertaker Frank Brachelen

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C14067 Registered No. B C14067

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 810 W Barre St. St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Edward J Ridgway

{Residence, if in Baltimore, Give Street and Number.} 810 W Barre St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1908

AGE — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard Ridgway

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Clara O'Neil

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Ridgway

(Address) 810 W Barre St.

Filed 7/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

L. R.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 18 1908 that I last saw him alive on July 18 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

about 7 month Gest.

3 hours (DURATION) — DAYS

Contributory (Primary.) asthenia

(DURATION) — DAYS

(Signed) Jas. E. Imse M.D.

Address 865 Columbia Ave

Date July 18 1908

Place of Burial St Peters Cemetery

Date July 19 1908

Undertaker H. C. Brown & Son

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14068

C14068

Ward 24 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1518 William St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Ryan

{ Residence, if in Baltimore, Give Street and Number. } 1518 William St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 15 1907

AGE 0 years, 9 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John J Ryan

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Catherine Hirsch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Ryan

(Address) 1518 William St

Filed 7/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from 7, 17 1908 to 7 17 1908 that I last saw him alive on 7, 17 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Nytos (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Pendington M.D.

Address 102 E Fort ave

Date July 18 1908

Place of Burial Holy Cross

Date July 19 1908

Undertaker Edw I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C14069 Registered No. B C14069

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Schwenk

{ Residence, if in Baltimore, Give Street and Number. } 1406 Andre Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 31st 1872

AGE: 16 years, 8 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: George Schwenk

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Mengersan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schwenk

(Address) 1406 Andre st.

Filed 7/19 1908

BARRY C. ANDERSON
DEPUTY CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 16 1908 that I saw h— alive on July 16 1908, and that death occurred, on the date stated above, at 6.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

General Peritonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Guffeth M.D.

Address Johns Hopkins Hospital

Date July 16 1908

Place of Burial Cedar Hill

Date July 19th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C14070 Registered No. B C14070

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 429 Arsquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Deckelbaum

{Residence, if in Baltimore, Give Street and Number.} 837 E Lombard St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1908

AGE ..... years, 1/2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Hopkins Hosp.

FULL NAME OF FATHER Philip Deckelbaum

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ivolie Colbert

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Peterson M.D.

(Address) 1102 N Eden St

Filed

July 19 1908

Registrar

BARRY C. ANDREWS.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to 18 July 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 12.26 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Indigestion

(DURATION) Lifetime DAYS

(Signed) E. E. Peterson M.D.

Address 1102 N Eden St

Date July 19 1908

Place of Burial Hebrew Boardale Cemt

Date July 19, 1908

Undertaker Max Lemmer

Address 162 - W Eldery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C14071 Registered No. B C14071

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 2506 Rayner Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Harrison.

{ Residence, if in Baltimore, Give Street and Number. } 2506 Rayner Ave

Duration of Residence in Baltimore... 35 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Black.

DATE OF BIRTH 1857.

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) W Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) W Va.

MAIDEN NAME OF MOTHER Jackson.

BIRTHPLACE OF MOTHER (State or country) W Va.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry Harrison

(Address) 2506 Rayner Ave.

Filed 7/19 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18. 1908.

I HEREBY CERTIFY, That I attended deceased from July 14, 1908 to July 18 1908 that I last saw h[im] alive on July 18 1908, and that death occurred, on the date stated above, at 11.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 198 N Fulton Ave

Date July 18, 1908.

Place of Burial Loise Howard County

Date July 20 1908

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B

# CERTIFICATE OF DEATH. 014072 61

(Place of Death.) No. 404 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Ruth Carter.

{Residence, if in Baltimore, Give Street and Number.} 404 E Chase St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Oct 9th 1900

AGE 7 years, 8 months, 8 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jos F. Carter.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eva Jones

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos F. Carter

(Address) 404 E Chase St

Filed 7 19 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1908

I HEREBY CERTIFY, That I attended deceased from July 15th 1908 to July 17th 1908

that I last saw her alive on July 17th 1908,

and that death occurred, on the date stated above, at H.

M. CAUSE OF DEATH (Secondary or Immediate.)

cerebro Spinal Meningitis

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thos J O'Donnell M.D.

Address 1345 Charles St

Date July 18th 1908

Place of Burial London Park Cemetery

Date July 20th 1908

Undertaker J. Fenwick McCully

Address 39 S. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14073

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

# CERTIFICATE OF DEATH.

Registered No. B C14073

City of Baltimore, (No. 12½ Koszuth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Hopper

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 5 (Day) 1908 (Year)

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edwin Hopper

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Laura Stafford

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Hopper

(Address) 12½ Koszuth St.

Filed 7/19 1908 Registrar

HARRY C. ANDREWS, PERMIT CLERK

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 18 1908 that I last saw her alive on July 18 1908, and that death occurred, on the date stated above, at 12 noon. The CAUSE OF DEATH was as follows:

Marasmus

..... (DURATION) ..... DAYS

Contributory Asthenia

..... (DURATION) ..... DAYS

(Signed) G. C. Thieme M. D.

July 18 1908 (Address) 3038 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cem. | DATE OF BURIAL July 19 1908

UNDERTAKER C. W. Dill | ADDRESS 810 Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C14074 Registered No. B ..... C14074

# CERTIFICATE OF DEATH.

185

(Place of Death.) No. 1211 Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ceslaw Wzynski

{ Residence, if in Baltimore, Give Street and Number. } 1211 Home at Life

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Wzynski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Elizabeth Sodka.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wzynski.

(Address) 1211 S. Hare St

Filed 7/19 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1908

I HEREBY CERTIFY, That I attended deceased from July 14th 1908 to July 18th 1908

that I last saw h[illegible] alive on July 17th 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. N. Athey M.D.

Address 3200 Hudson st

Date July 18th 1908

Place of Burial Holy Rosary.

Date JUL 19 1908 190

Undertaker M. F. SALOWSKI.

Address 703 S. ANN ST.

BALTIMORE, MD

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 14075 Registered No. C 14075

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 E Biddle St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Caleb A Anders

Residence, Give Street and Number, 1404 E Biddle St

Duration of Residence in Baltimore, 13 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Frederick Co. Md.

FULL NAME OF FATHER: Charles A Anders

BIRTHPLACE OF FATHER (State or county): Frederick Co. Md.

MAIDEN NAME OF MOTHER: Margaret Hitshew

BIRTHPLACE OF MOTHER (State or county): Frederick Co. Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Anders

(Address) 1404 E Biddle St.

Filed 7/19 1908 Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 12. 1908 to July 17. 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Dilatation of heart

Two Weeks (DURATION) DAYS

Contributory (Primary) Mitral insufficiency (DURATION) Five Hours DAYS

(Signed) Geo J Hartman M. D.

Address 1121 N Caroline St.

Date July 18. 1908

Place of Burial David Ridge Cemetery

Date July 20th 1908

Undertaker Henry Hoerle Son

Address 130 E Eager St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C14076 Registered No. B C14076

# CERTIFICATE OF DEATH.

97

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas Gunter

{ Residence, if in Baltimore, Give Street and Number. } Rear of 712 S Bethel St

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/19 1908 T. P. J. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 17 1908

that I last saw h— alive on July 17 1908,

and that death occurred, on the date stated above, at 7 45 M. CAUSE OF DEATH (Secondary or Immediate)

Asthma —

(DURATION) — DAYS

Contributory (Primary.) Cyanosis

Exhaustion (DURATION) — DAYS

(Signed) H W Eshon M.D.

Address Bay View Hosp.

Date July 18 1908

Place of Burial Greenless Cemetery

Date July 20 1908

Undertaker Wm Cook

Address 1028 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 — C14077 — Registered No. B C14077

# CERTIFICATE OF DEATH. 118

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Tenley

{ Residence, if in Baltimore, Give Street and Number. } 626 E Biddle St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH [redacted]

AGE 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Joseph A Duty

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles T Tenley

(Address) 625 E Biddle St

Filed 7/19 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to July 18 1908 that I last saw her alive on July 18 1908, and that death occurred, on the date stated above, at 6.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Extenuation

(DURATION) DAYS

Contributory (Primary.) Acute appendicitis

Septicaemia (DURATION) DAYS

(Signed) Wm J Schmitt M.D.

Address City Hospital

Date July 18 1908.

Place of Burial Loudon Park

Date July 20 08 1908

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14078 Registered No. B C14078

# CERTIFICATE OF DEATH. 81

(Place of Death.) No. 904 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anne F. Murdoch

{ Residence, if in Baltimore, Give Street and Number. } 904 McCulloh St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 2d 1837

AGE: 71 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City of Baltimore

FULL NAME OF FATHER: William F. Murdoch

BIRTHPLACE OF FATHER (State or country): Elgin - Scotland

MAIDEN NAME OF MOTHER: Mary Cole

BIRTHPLACE OF MOTHER (State or country): City of Baltimore

OCCUPATION OF DECEASED: no occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Murdoch

(Address) 904 McCulloh Street. Balto.

Filed 7/19 1908 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th 1908

I HEREBY CERTIFY, That I attended deceased from July 16th 190 to July 17 1908 that I last saw her alive on July 17 1908, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio Sclerosis

Indefinite (DURATION) DAYS

Contributory (Primary.) advanced age

(DURATION) DAYS

(Signed) Agnes Gordon Murdoch M.D.

Address 904 McCulloh Street.

Date July 18th 1908

Place of Burial Green Mount Cemetery

Date July 20th 1908

Undertaker John B. Spence

Address 1325 N. Caroline, St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C14079 Registered No. B14079

# CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Sycamore Ave St. 179 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer J. McCauley

{Residence, if in Baltimore, Give Street and Number.} 10 Sycamore Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Mar 22 1908

AGE ..... years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Chas. E. McCauley

BIRTHPLACE OF FATHER (State or country) Balto. Co

MAIDEN NAME OF MOTHER Emma Jewell

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. E. McCauley

(Address) 10 Sycamore Av

Filed 7/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 18 1908 that I last saw h. in alive on July 18 1908, and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasamus

(DURATION) 4 DAYS

Contributory (Primary.) Inanition

(DURATION) 4 DAYS

(Signed) Harry C. Alyea M.D.

Address 340 Roland Ave

Date July 19 1908

Place of Burial St Mary's

Date July 20 1908

Undertaker N. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14080

Ward ..... C14080 Registered No. B .....

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 425 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jos. Luckan

{Residence, if in Baltimore, Give Street and Number.} 425 S. Madeira St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, 9 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wm. Luckan

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Eva Doy

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Luckan

(Address) 425 S. Madeira

Filed 7/19 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 19 1908

that I last saw h alive on " 18 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

2 (DURATION) DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 619 Mt Park Ave

Date July 19 1908

Place of Burial Holy Redeemer

Date July 20th 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore. C14081

Ward 10 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Wolf C14081

{Residence, if in Baltimore, Give Street and Number.} 108 N. Bradford Ave

Duration of Residence in Baltimore. 42 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Wolf

(Address) 1726 Jackson St.

Filed 7/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 18 1908

that I last saw him alive on July 18 1908

and that death occurred, on the date stated above, at 12 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) S. Strauss M.D.

Address Johns Hopkins Hospital

Date July 18 1908

Place of Burial Ballo. Cem.

Date July 20th 1908

Undertaker Wendell Diffenderffer Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 14082 Registered No. C C14082

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth G. Barlow.

Residence, Give Street and Number, #1527 Canton Av.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Oct 17 1907

AGE ..... years, 9 months, ..... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER George Barlow

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Gertrude Wiss

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Andrews

(Address) 1528 Canton Ave

Filed 7/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 18 1908

that I last saw h~~er~~ alive on July 17 1908 4 11

and that death occurred, on the date stated above, at ~~8~~ P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) 19 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John A. Rehberger M. D.

Address #1709 Alice Ave

Date July 19 1908

Place of Burial New Methodist Ave.

Date July 20th 1908

Undertaker Wendell Stephenson

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C14083 Registered No. B C14083

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1302 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gordan L. Krug

{Residence, if in Baltimore, Give Street and Number.} 1302 Edmondson Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct. 31 1907

AGE: ..... years, 8 months, 18 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. J Krug

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Hattie Lohman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Krug

(Address) 1302 Edmondson Ave

Filed 7/19 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 17, 1908 to July 17, 1908 that I last saw h[illegible] alive on July 17, 1908, and that death occurred, on the date stated above, at 730 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Asthenia

(DURATION) — DAYS

(Signed) T. H. Farmer M.D., M.D.

Address 317 N. Carrollton Ave

Date July 18, 1908

Place of Burial Loraine Cem

Date July 20 1908

Undertaker C. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

317 Carrollton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9th C14084 Registered No. B C14084

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1826 Byrd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margreth Connolly

{Residence, if in Baltimore, Give Street and Number.} 1826 Byrd St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 25th 1905

AGE 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James P. Connolly

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Browning

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Connolly

(Address) 1826 Byrd St

Filed 7/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 18 1908 that I last saw h alive on July 18 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Con'tributory (Primary) Acute Meningitis

(DURATION) 5 DAYS

(Signed) W. E. Campbell M.D.

Address 1644 Hanover St.

Date July 19 1908

Place of Burial St. Peters Cemetery

Date July 20th 1908

Undertaker John J. Fahey & Son

Address 1232-36 Williams St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 8 — C14085 — Registered No. B C14085

15V.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lee Slaughter

{ Residence, if in Baltimore, Give Street and Number. } 1602 N Dallas

Duration of Residence in Baltimore. 3½ Days

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored |
| DATE OF BIRTH | July 15 1908 |
| AGE | ... years, ... months, 3½ days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Baby |
| BIRTHPLACE (State or country) | 1602 N Dallas |
| FULL NAME OF FATHER | James H Slaughter |
| BIRTHPLACE OF FATHER (State or country) | Charlottsville Va |
| MAIDEN NAME OF MOTHER | Mamie Gurnell |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore Md |
| OCCUPATION OF DECEASED | Infant. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Slaughter.

(Address) 1602 Dallas St.

Filed 7/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from 10 AM July 12 1908 to 10 AM July 19 1908 that I last saw him alive on 10 AM July 19 1908, and that death occurred, on the date stated above, at 11:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Anaemia

(DURATION) 4 hrs

Contributory (Primary.) Umbilical Hemorrhage (DURATION) 7 hrs

(Signed) R.P. Carman M.D.

Address 1707 N Carey St

Date July 19 1908

Place of Burial Laurel Cemetery

Date July 20th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14086 Registered No. B C14086

1506

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home – St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Lewis

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male – | COLOR Black –

DATE OF BIRTH June 2 1908.

AGE ..... years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Unknown

(Address) St Elizabeths Home

Filed 7/20 1908 Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 18 1908 that I last saw h im alive on July 18 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Congenital Heart Disease (DURATION) 2 Days

(Signed) A C Ellis M.D.

Address 1519 N. Caroline St.

Date July 18, 1908

Place of Burial Cathedral Cemetery

Date July 20th 1908

Undertaker Felix B. Pyle.

Address 102. E. Mulberry St.

HARRY C. ARROWSMITH PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C14087 — Registered No. B C14087

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Parthenatas Wrenzer

{Residence, if in Baltimore, Give Street and Number.} 202 Aliceanna

Duration of Residence in Baltimore. 6 yr.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH June 12 1873

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Alexander Wrenzer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Lantzites

(Address) 211 S. Greene St

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (ac)

Fell off roof. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date July 18 1908

Place of Burial St Peters Cem

Date July 20 1908

Undertaker Geo Lambrecht Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

(over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C14088 Registered No. B C14088

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2nd University Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Knight

{Residence, if in Baltimore, Give Street and Number.} 924 W Pratt st

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, 10 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward Knight

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Susan Dasan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Knight

(Address) 924 W Pratt st

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 19 1908 that I last saw h.. alive on July 19 1908 and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate.)

Gleno Pneumonia (Right side)

(DURATION) 2 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date July 19 1908

Place of Burial Loudon Park

Date July 21 1908

Undertaker John D. Lennan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEAD THE LAW PRINTED ON THE

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 14089

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1010 N. Somerset St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Grunewald

Residence, Give Street and Number, 1010 N. Somerset St.

Duration of Residence in Baltimore, 5 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 61 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Wm. Braunenburg

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grunewald

(Address) 1010 Somerset St

Filed 7/20 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: July 18. 1908

I HEREBY CERTIFY, That I attended deceased from July 5. 1908 to July 18. 1908

that I last saw her alive on July 18. 1908

and that death occurred, on the date stated above, at 10 A. M.

CAUSE OF DEATH (Secondary or Immediate,) Summer Complaint (Heat).

(DURATION) 13 DAYS

Contributory (Primary) Senile Debility

(DURATION) 60 DAYS

(Signed) F. J. Rebele M. D.

Address 1001 Orleans St.

Date July 18. 1908

Place of Burial Holy Redeemer Cemetery

Date July 21 st 1908

Undertaker Henry Hoeck & Son.

Address 1501 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE [illegible]

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14090 Registered No. C C14090

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. 810 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Rainey

Residence, Give Street and Number, 810 N. Central Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Cecil

FULL NAME OF FATHER: Michael McDermott

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Ann McCormick

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Rainey

(Address) 810 N. Central Ave.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 18th 1908

I HEREBY CERTIFY, That I attended deceased from July 16th 1908 to July 18th 1908

that I last saw h[illegible] alive on July 18th 1908

and that death occurred, on the date stated above, at 6.25 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Dysentery

(DURATION) 9 DAYS

Contributory (Primary) Heart, arthritis

Cardiac (DURATION) 1 DAYS

(Signed) Edward Kelly Jones M. D.

Address 204 Equitable Bldg

Date July 19th 1908

Place of Burial Holy Cross Cemetery

Date 21st of July 1908

Undertaker Henry Storch & Son

Address 1301 E Eager St

Remarks

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C14091 — Registered No. B C14091

# CERTIFICATE OF DEATH. 151

Place of Death. No. 315 S. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Sampieri

{Residence, if in Baltimore, Give Street and Number.} 315 S. High St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16th 1908

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Sampieri.

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Liberato Lecco

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Sampieri.

Address 315 S. High St.

Filed 7/20 1908 — [illegible] Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 19 1908

that I last saw h[illegible] alive on July 19 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Valentine M.D.

Address 16 S. Bunker

Date July 19 1908

Place of Burial Holy Redeemer

Date July 20th 1908

Undertaker Tilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C14092 Registered No. B C14092

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. 27 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Smith

{ Residence, if in Baltimore, Give Street and Number. } [illegible]

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH ..... 1.....

AGE 37 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Emanuel Smith

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Cordilia Cooper

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Smith

(Address) 11 S Durham St

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 - 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 29 1908 that I last saw him alive on July 19 1908, and that death occurred, on the date stated above, at 1230 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Chronic Tuberculosis (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date July 19 1908.

Place of Burial Laurel Cemetery

Date 20 July 1908

Undertaker John W. Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C14093 Registered No. B C14093

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1530 Mulliken St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George M. Butler

{Residence, if in Baltimore, Give Street and Number.} 1530 Mulliken

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Butler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Butler

(Address) 1520 Mulliken

Filed 7/20 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 16 1908

that I last saw h alive on July 16 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis causing Anasarca

(DURATION) 16 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) 11 DAYS

(Signed) G. G. Rinehart M.D.

Address 100 E Balto St

Date July 19 1908

Place of Burial Asbury Cemetery

Date July 20. 1908

Undertaker R. K. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate so far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 18 C14094 Registered No. B C14094

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1049 Virginia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Dobson

{Residence, if in Baltimore, Give Street and Number.} 1049 Vain St

Duration of Residence in Baltimore. Life Time

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Mulard |
| DATE OF BIRTH: 1 | |
| AGE: 24 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | James Dobson |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Annie Baker |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | House Work |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Dobson

(Address) 1049 Vain St

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 17 1908 that I last saw h— alive on July 17 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis (Duration) 2 W Days

Contributory (Primary) Pneumonia (Duration) 2 W Days

(Signed) C W Hancock M.D.

Address 712 S Chas St

Date July 20 1908

Place of Burial Mt Auburn Cemetery

Date July 20. 1908

Undertaker R H Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C14095 Registered No. B C14095

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 752 - 35th St. W. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Barth

{Residence, if in Baltimore, Give Street and Number.} 752 - 35th St - W.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 17 1908

AGE 0 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter C. Barth

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter C Barth

(Address) 752 35th St. W.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 19 1908 that I last saw h[illegible] alive on July 18 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from typhoid & colon colitis

(DURATION) 12 DAYS

Contributory (Primary.) Whooping cough

(DURATION) 31 DAYS

(Signed) R B Norment M.D.

Address 3543 Chestnut Ave

Date July 19th 1908

Place of Burial St. Marys. Hampden

Date July 20 1908

Undertaker Horace Burge

Address 3631 Falls Road

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 9 C14096 Registered No. B C14096

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1839 Stafford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Jones

{Residence, if in Baltimore, Give Street and Number.} 1839 Stafford ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 17 1908

AGE ____ years, 1 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Riley Jones

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Lewis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruby Jones

(Address) 1839 Stafford ave

Filed 7/20 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 19 1908 that I last saw her alive on July 18 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Congenital Debility from birth (a days) (DURATION) DAYS

(Signed) A. A. Elwell M.D.

Address 1741 Hanford ave

Date July 19 1908

Place of Burial Pacific

Date July 20 1908

Undertaker Robt V Lennon

Address 1442 N Bond

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C14097 Registered No. B C14097

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Sadie Vey

{Residence, if in Baltimore, Give Street and Number.} 37 N. Chapel.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sep 6 1880

AGE 28 years, 10 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Klepfer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Kleistler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N Vey

(Address) 37 Chapel St

Filed 7/20 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to July 18 1908

that I last saw h er alive on July 18 1908,

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) DAYS

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hospital

Date July 18 1908

Place of Burial Sacred Heart

Date July 21 1908

Undertaker Robert J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C14098 Registered No. B14098

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)
Cor Lambd & Greens Sts

Full Name John Jury (Jony)

{Residence, if in Baltimore, Give Street and Number.} 447 Ostend Street

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Man | COLOR W

DATE OF BIRTH March 13 1871

AGE 37 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Stephen Jony

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Ann Smith

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Bergey

(Address) 447 Ostend St

Filed 7/20 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 17 6 PM 1908 to July 18 5 AM 1908 that I last saw him alive on July 17 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

Hours (DURATION) DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date July 18 1908

Place of Burial Loudon Park

Date July 20 1908

Undertaker Scott & Jones

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 21 — Registered No. B C14099 79

C14099

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 — St. Denver — (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James P. Byrd

{ Residence, if in Baltimore, Give Street and Number. } 2004 Bank St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dont know |
| AGE | 29 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Ga. |
| FULL NAME OF FATHER | Dont know |
| BIRTHPLACE OF FATHER (State or country) | Dont know |
| MAIDEN NAME OF MOTHER | Dont know |
| BIRTHPLACE OF MOTHER (State or country) | Dont know |
| OCCUPATION OF DECEASED | Carpenter. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Parks

(Address) 1139 Denver St

Filed 7/20 1908 [HARRY C. ANDREWS PERMIT CLERK.] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1:25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular disease of the heart.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. M. Leonhardt M.D.

Address Corner

Date July 19 1908

Place of Burial Statesboro Georgia

Date JUL 20 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 19 C14100 Registered No. B C14100

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. Crystal Lake near Wilkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Beadenkopf

{Residence, if in Baltimore, Give Street and Number.} 323 S. Stricker

Duration of Residence in Baltimore. acted as Coroner

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 9 1887

AGE 21 years, 4 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John E. Beadenkopf

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Sarah E Pudrow

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Beadenkopf

(Address) 323 S Stricker St

Filed 7/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18. 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Drowned

(Accident)

A.D.S.

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. LaFayette

Date July 18. Coroner 1908

Place of Burial Western Cem

Date July 20 1908

Undertaker J. B Cook

Address 1083 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 — C14101 — Registered No. B C14101

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L. Moore

{Residence, if in Baltimore, Give Street and Number.} 214 Canal Alley Baltimore

Duration of Residence in Baltimore. 2 months

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX male | COLOR Black |
| DATE OF BIRTH | 1 |
| AGE ____ years, 9 months, ____ days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ____

(Address) ____

Filed 7/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 14, 1908

I HEREBY CERTIFY, That I attended deceased from July 10, 1908 to July 14 1908 that I last saw h~~im~~ alive on July 14, 1908, and that death occurred on the date stated above, at 2.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

____ (DURATION) ____ DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 4 DAYS

(Signed) W B Rooy M.D.

Address 2116 St Paul St

Date July 15 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 17 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL,

Address ____

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 14102

Dr Wilson md.

City of Baltimore, (No. 715 Bronson Court St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Williams

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: col -

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gund Jr.

(Address) JOHNS HOPKINS HOSPITAL

Filed 7/20 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to July 14 1908 that I last saw him alive on July 14 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Intra cultural Anemia.

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John Gund Jr. M. D.

July 17 1908 (Address) 811 E Caltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Thomas Wilson Sanitarium How long at Place of Death? 25 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: July 17 1908

UNDERTAKER: Commissioner Health. Per. Wm. E. WOODALL.

ADDRESS:

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 14103

City of Baltimore, (No. 425 N. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Oliver

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| female | col. |

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE
..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Wm Kund Jr.

(Address) JOHNS HOPKINS HOSPITAL.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 14 1908 that I last saw h[illegible] alive on July 14 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Dyspepsia diarrhoea
Bronchopneumonia

(DURATION) 10 DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) J Wm Kund Jr M. D.
July 17 1908 (Address) 814 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| JOHNS HOPKINS HOSPITAL. | July 17 1908 |
| UNDERTAKER Commissioner Health. | ADDRESS |

Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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**HEALTH DEPARTMENT, City of Baltimore.**

Ward 18 C14104 Registered No. B C14104

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Genild Londen

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH March 7 1908

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to July 17 1908 that I last saw her alive on July 17 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. F. Burton M.D.

Address 222 E Cross St

Date July 17 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 18 1908

Undertaker Commissioner Hamilton,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. B C14105

C14105

# CERTIFICATE OF DEATH.

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(Place of Death.) No. 603 North Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert L. Dalrymple

{Residence, if in Baltimore, Give Street and Number.} 603 North Eutaw St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 19 1908

AGE: 0 years, 0 months, 2 hours days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert M. Dalrymple

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Edara L. Brecht.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert M. Dalrymple

(Address) 603 N. Eutaw St.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 19 1908 that I last saw him alive on July 19 1908, and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(child only lived two hours)

Two hours (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B B Browne M.D.

Address 510 Park ave

Date July 20 1908

Place of Burial Baltimore Cem

Date July 20th 1908

Undertaker Hollenbeck & Sons Co

Address 300 to Madison St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C14106 — Registered No. B C14106

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 562 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip R Stevens

{Residence, if in Baltimore, Give Street and Number.} 562 Frederick Ave

Duration of Residence in Baltimore... Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec - 19 1907

AGE ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Gustave Stevens

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Elizabeth Stones

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustave Stevens

(Address) 642 Frederick Ave

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 19 1908 that I last saw h-- alive on July 19 1908, and that death occurred, on the date stated above, at 7.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) asthenia

(DURATION) 2 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick ave

Date July 19 1908

Place of Burial Mt Olivet Cemetery

Date July 20 1908

Undertaker W J Dykers as

Address Assistant Parn at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14107.

Ward 16 C14107 Registered No. B

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1614 Riggs Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgina Heath

{Residence, if in Baltimore, Give Street and Number.} 1614 Riggs Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 17 Dec. 1890

AGE 18 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single -

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER John Heath

BIRTHPLACE OF FATHER (State or country) Do not know

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvia Heath

(Address) 1614 Riggs ave

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 19 1908 that I last saw h alive on July 18 1908, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Thomas Sulavan M.D.

Address 1300 N Chicken St

Date July 19. 1908.

Place of Burial Cathedral Cemetery

Date July 21st 1908

Undertaker Felix B. Pyle

Address 102 E Madeira St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C-14,198

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harriett M. Berger

{Residence, if in Baltimore, Give Street and Number.} 741 W. Hamburg st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Dec 4 1887 |
| AGE | 20 years, 7 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto. Md |
| FULL NAME OF FATHER | Edward Linthicum |
| BIRTHPLACE OF FATHER (State or country) | Balto. Md |
| MAIDEN NAME OF MOTHER | Elizabeth Krause |
| BIRTHPLACE OF MOTHER (State or country) | Balto. Md |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Edward Linthicum

(Address) 741 W. Hamburg st

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/18/08 190

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 18 1908 that I last saw h er alive on July 18 1908. and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 9 DAYS

Con'tributory (Primary.) Puerperal infection (DURATION) 9 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date 7/18/08 190

Place of Burial Baltimore Cemetery

Date July 21 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

See following certificate

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C14108 Registered No. B C14108

# CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Bergen

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | COLOR |
| DATE OF BIRTH ..... 1 ..... | |
| AGE ..... years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 18, 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 18 1908

that I last saw h-- alive on July 18 1908,

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

..... (DURATION) 9 DAYS

Contributory (Primary.) Puerperal infection of uterus (DURATION) 9 DAYS

(Signed) J. H. D. Williams M.D.
for Ralph Duffy

Address 2200 Eutaw Place

Date 7/21/08 190....

Place of Bu-lal .....

Date ..... 190 ....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14109

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

# CERTIFICATE OF DEATH.

Registered No. B C14109

City of Baltimore, (No. 1722, Lemon St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George J Lindner

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 24th (Month) (Day) 1861 (Year)

AGE: 46 years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Lindner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Hammer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Knell

(Address) 917 Columbia Ave

Filed 7/20 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 19th 1908 that I last saw him alive on July 19th 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Uraemic Coma

(DURATION) 2 DAYS

Contributory Nephritis + Metral Regurgitation (DURATION) 3 DAYS

(Signed) E. A. Knott M. D.

July 19th 1908 (Address) 1727 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: July 22 1908

UNDERTAKER: D Knell & Son ADDRESS: 807 Columbia

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 18 — C1410 — Registered No. B C1410

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 106 N. Conrad Town St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine J. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 106 N. Conrad Town

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | — years, 6 months, 10 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | John W. Thomas |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Mary E. Thomas |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) John L. Fields

(Address) 1200 N. Gaulband

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 19 1908 that I last saw h— alive on July 18 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 4 DAYS

Contributory (Primary.) Enteritis (DURATION) 1 DAYS

(Signed) E. Edmondson M.D.

Address 5170 Main

Date July 19 1908

Place of Burial St. Peters

Date July 20 1908

Undertaker John L. Fields

Address 1200 N. Gaulband st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C14111

Ward 18 C14111 Registered No. B

# CERTIFICATE OF DEATH.

60

(Place of Death.) No. 916 W. Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alicia Regina Manuel

{Residence, if in Baltimore, Give Street and Number.} 910 W. Fayette St

Duration of Residence in Baltimore. 8 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1907

AGE ..... years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER E. R. Manuel

BIRTHPLACE OF FATHER (State or country) Harper's Ferry W. Va.

MAIDEN NAME OF MOTHER Hamill V Louis

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. R. Manuel

(Address) 910 W Fayette St

Filed 7/20 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 20 1908 that I last saw h[illegible] alive on July 19 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Encephalitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 837 W. Fayette St

Date July 20 1908

Place of Burial Harper's Ferry W. Va.

Date July 21 1908

Undertaker H. C. Brauning & Son

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C14112 Registered No. B C14112

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 N Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen L Carroll

{Residence, if in Baltimore, Give Street and Number.} 2106 N Fulton Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 19th 1869

AGE 39 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Donohue

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Hanies

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Carroll

(Address) 2106 Fulton Ave

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 19 1908 that I last saw her alive on July 18 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Obstruction of Bowels (Bowels) (DURATION) Indefinite

(Signed) Thos S. Humphrey M.D.

Address 2014 N. Fulton ave

Date July 20th 1908

Place of Burial New Cathedral

Date July 21st 1908

Undertaker Wm J. Forsey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1869

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 6 — ~~C14113~~ — Registered No. B C14113

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carroll R. Spencer

{Residence, if in Baltimore, Give Street and Number.} 2212 E. Fayette

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 6th 1906

AGE 2 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos. R. Spencer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary E. Bendon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. R. Spencer

(Address) 2212 E. Fayette

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 / 1908

I HEREBY CERTIFY, That I attended deceased from July 12/1908 to July 18/1908 that I last saw h[illegible] alive on July 18/1908 and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis
following Convulsions

(DURATION) 7 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 4 DAYS

(Signed) H. G. Roder M.D.

Address 1904 E. Fayette St

Date July 19 1908.

Place of Burial Balto Cem.

Date July 21st 1908

Undertaker J. Henry & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14114

Ward ..... C14114 Registered No. B .....

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2406 Hudson St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name George L. Hessenauer

{ Residence, if in Baltimore, Give Street and Number. } 2406 Hudson St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 19th 1908 |
| AGE | — years, — months, 9 Hours |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Joseph Hessenauer |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Elizabeth Schulein |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hessenauer

(Address) 2406 Hudson St.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 20 1908 that I last saw him alive on " 19 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (7 mos.)

— (DURATION) DAYS

Contributory (Primary) Ethanstasia

(DURATION) DAYS

(Signed) Chas Theer M.D.

Address 619 Cathedral Park Apts

Date July 20 1908

Place of Burial Mt Carmel

Date July 20th 1908

Undertaker L. Snyder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C14115 — Registered No. B C14115

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Compton Al- 228 Warren Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annie Voelkos.

{ Residence, if in Baltimore, Give Street and Number. } 228 Warren Ave

Duration of Residence in Baltimore. 2 mos. 8 da.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May 12 1908

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Voelkos

BIRTHPLACE OF FATHER (State or country): Greece

MAIDEN NAME OF MOTHER: Elizabeth Lambrinedes

BIRTHPLACE OF MOTHER (State or country): Greece

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sanie Voelkos.

(Address) 602 - E. Fort Ave

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to July 19 1908 that I last saw h er alive on July 18 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Congenital Debility (DURATION) 67 DAYS

(Signed) F. J Doyle M.D.

Address 611 - E. Fort Ave

Date July 20 1908

Place of Burial Holy Cross R. C. Ce

Date July 21 1908

Undertaker Jos. Shanteler & Co

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 6 — C14116 — Registered No. B C14116

# CERTIFICATE OF DEATH.

(Place of Death.) No. 406 N Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Hahenstein

{Residence, if in Baltimore, Give Street and Number.} 406 N. Lakewood Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH February 12 1884

AGE 24 years, 3 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Wm H Hahstein

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Stanbach

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Knight

(Address) 406 n Lakewood Ave

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 18 1908

that I last saw her alive on July 16 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

3 yr.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 152 Preston ave

Date July 18 1908

Place of Burial Sacred Heart Cemetery

Date July 21 08 1908

Undertaker Christian Miller

Address 2334 Jefferson st

W.M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward ..... C 14117 Registered No. B C14117

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Wimmer

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: M | COLOR: W. |
| DATE OF BIRTH: 1 | |
| AGE: 31 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: S. | |
| BIRTHPLACE (State or country): Germany | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: Animal Trainer | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Bollyce, BAY VIEW ASYLUM.

(Address)

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to July 19 1908 that I last saw h-im alive on July 19 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) C. K. Baker M.D.

Address Bay View Hosp.

Date July 20 1908

Place of Burial Sacred Heart

Date July 20th 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 4 — C14118 — Registered No. B C14118

# CERTIFICATE OF DEATH. 9

(Place of Death.) No. 320 Park ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Salvator Piazza

{Residence, if in Baltimore, Give Street and Number.} 320 Park ave.

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: F. | COLOR: W. |
| DATE OF BIRTH: June 19 1907 | |
| AGE: 1 years, 6 months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: S. | |
| BIRTHPLACE (State or country): City. | |
| FULL NAME OF FATHER: Salvatore Piazza. | |
| BIRTHPLACE OF FATHER (State or country): Italy. | |
| MAIDEN NAME OF MOTHER: Maria Lia. | |
| BIRTHPLACE OF MOTHER (State or country): Italy. | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvator Piazza

(Address) 320 Park Ave.

Filed 7/20 1908 HARRY C. ANDREWS, PERRY QUINN, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7— 19— 1908

I HEREBY CERTIFY, That I attended deceased from 7— 17 1908 to 7— 19 1908 that I last saw h— alive on 7— 19 1908 and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure.

(DURATION) 7— DAYS

Contributory (Primary.) Laryngeal diphtheria (DURATION) 3 DAYS

(Signed) L. Wiman M.D.

Address 160X Linden ave

Date 7— 20 — 1908

Place of Burial St. Vincents Cem

Date July. 20. 1908

Undertaker M. Doyle & Sons

Address 17 E. Lee St.

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C14119 — Registered No. B C14419

# CERTIFICATE OF DEATH. 45

(Place of Death.) No. 1308 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles L. Caulk

{Residence, if in Baltimore, Give Street and Number.} 1308 E. Lexington st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 25 1850

AGE 58 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Caulk

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dizzlea Le boo

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED Processor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Caulk

(Address) 1308 E. Lexington

Filed 7/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Bladder

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Joseph Carnthon M.D.

Address Coroner

Date July 19 — 08 1908

Place of Burial Balto. Cem.

Date July 20 1908

Undertaker Jos. J. Kern

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14120

Ward 1 C14120 Registered No. B

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 500 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Koenig

{Residence, if in Baltimore, Give Street and Number.} 500 N. Madeira

Duration of Residence in Baltimore. 55 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 15 1830

AGE 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatius H. Koenig

(Address) 405 N. Madeira

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 19th 1908 to July 20th 1908 that I last saw h[er] alive on July 19th 1908 and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. F. Rus M.D.

Address 2135 E. Bmd St

Date July 20th 1908

Place of Burial Holy Redeemer

Date July 22 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 19 — 014121 — Registered No. B 014121

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 N. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roy. Lowenthal

{Residence, if in Baltimore, Give Street and Number.} 1403 N. Baltimore St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | March 6 — 1908 |
| AGE | — years, 4 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md — |
| FULL NAME OF FATHER | Sam. Lowenthal |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Sadie Reichenberg |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml. Lowenthal Father

(Address) 1403 N. Lowenthal

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 20 1908 that I last saw him alive on July 20 1908 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis Cerebrospinal Purulent

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1/2 DAY.

(Signed) Henry E. O'Reilly M.D.

Address 1203 W. Fayette St

Date July 20 1908

Place of Burial Chevra Shalom

Date July 21 1908

Undertaker Josiah Sellers

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7 — C14122 — Registered No. B C14122

# CERTIFICATE OF DEATH. 1908

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Gebelein

{Residence, if in Baltimore, Give Street and Number.} 808. North Chester Str

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 12th 1862

AGE: 45 years, 10 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single ~~married~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Gebelein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorathea Meiresmiller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Gebelein

(Address) 828 N Chester

Filed 7/20 1908 [HARRY C. ANDREWS PERMIT CLERK.] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19" 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 19 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date July 19" 1908

Place of Burial Baltimore Cemetery

Date July 21st 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 — C14123 — Registered No. B C14123

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1506 N. Gilmor St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard J. Barker

{Residence, if in Baltimore, Give Street and Number.} 1506 N. Gilmor St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 20 1861

AGE: 47 years, 1 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm Barker

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Patience Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Barker

(Address) 1506 N Gilmor St

Filed 7/20 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to July 18 1908

that I last saw him alive on July 18 1908 7.30

and that death occurred, on the date stated above, at 7.30

I. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Over (DURATION) 10 Mos DAYS

Contributory (Primary.) Asthenia (DURATION) 2 Wks DAYS

(Signed) Henry E. Ohle M.D.

Address 1703 N. Fayette St

Date July 19 1908

Place of Burial Mt Olivet

Date July 21 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C4424 Registered No. B C14124 166

# CERTIFICATE OF DEATH.

Place of Death. No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Robert Linder

{Residence, if in Baltimore, Give Street and Number.} 16 8th St. Baltimore, Md.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | March 3rd 1894 |
| AGE | 14 years, 4 months, 16 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Sing |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Louis F. Linder |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Hagie L Seidel |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | School boy |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Louis F Linder

Address 16 Eight St.

Filed 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 19 1908 that I last saw him alive on July 19 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(Accidentally injured himself by falling across a wooden beam in trying to scale an old shed) a.d.o.

(DURATION) DAYS

Con'ributory (Primary.) Peritonitis

(DURATION) DAYS

(Signed) Robt. C. Bay, M.D.

Address University Hospital

Date July 19 1908

Place of Burial Loudon Park.

Date July 22 nd 1908

Undertaker C. W. Dill

Address 810 Fredk. ave. ext.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 **HEALTH DEPARTMENT, City of Baltimore.** C14125

C14125 *Registered No. B*

# CERTIFICATE OF DEATH. 78

(Place of Death.) *No.* St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

*Full Name* Henry Mc Cormick

*{Residence, if in Baltimore, Give Street and Number.}* 1045 Compton St

*Duration of Residence in Baltimore.* 15 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 6 1893

AGE: 15 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Patrick Mc Cormick

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Corbett

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Mc Cormick

(Address) 1045 Compton St.

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 19 1908 that I last saw h-im alive on July 18 1908 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart

(DURATION) DAYS

Con'ributory (Primary.) Chronic endo-Carditis (DURATION) DAYS

(Signed) Geo. C. Hartman M.D. Per F. W. Wilkinson

Address 1121 N. Carrolton Av

Date July 19 1908

Place of Burial Cathedral Cemetery

Date July 21 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C14126

Ward 5 C14126 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 26 N Exeter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edith Cohn

{Residence, if in Baltimore, Give Street and Number.} 26 N Exeter St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 29 1907

AGE: ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Cohn

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Brand

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Cohen

(Address) 26 N. Exeter St

Filed 7/20 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 20 1908 that I last saw h er alive on July 20 1908, and that death occurred, on the date stated above, at 10.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

about (DURATION) 19 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Baltimore

Date July 20 1908

Place of Burial Holma Boondale Cemetery

Date July 21 1908

Undertaker Wm Lemmon

Address 620 N Eldersley St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward* ..... C14127 *Registered No. B* C14127

# CERTIFICATE OF DEATH. 94

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Wm E. Brown.

{ *Residence, if in Baltimore, Give Street and Number.* } —

*Duration of Residence in Baltimore.* —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M. | COLOR: B |
| DATE OF BIRTH: 1 | |
| AGE: 22 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Charleston S. C. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Lab — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/20 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

BAY VIEW ASYLUM.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from 6/24 1908 to July 19 1908 that I last saw h— alive on July 19 1908, and that death occurred, on the date stated above, at 1.45

M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy —

(DURATION) — DAYS

Contributory (Primary.) Lymphatic

(DURATION) — DAYS

(Signed) W H Eaton M.D.

Address Bay View Hosp.

Date July 20 1908

Place of Burial JOHNS HOPKINS

Date JUL 20 1908 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

*SECTION 2. And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

C14128

Ward 41 C14128 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Boyd.

{ Residence, if in Baltimore, Give Street and Number. } Salluta, Middlesex Co. Va.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: about 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 11 1908 that I last saw h.. alive on July 11 1908, and that death occurred, on the date stated above, at 8.3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] Coroner M.D.

Address 439 Biddle

Date July 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 20 1908 190..

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

Morgue

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C14129

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14129

Mt Wilson Md.

Registered No. B.....

City of Baltimore, (No. 610, N Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Lewis

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) ..... JOHNS HOPKINS HOSPITAL

Filed 7/20 1908 MARY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 16 1908 that I last saw h[illegible] alive on July 16 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Malnutrition

..... (DURATION) ..... DAYS

Contributory Dyspeptic Diarrhea

..... (DURATION) 15 DAYS

(Signed) J Whitridge Jr. M. D.

July 20 1908 (Address) 701 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Baltimore City

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| JOHNS HOPKINS HOSPITAL | JUL 20 1908 190 |
| UNDERTAKER: Commissioner Health, Per. Wm. E. Woodall | ADDRESS |

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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deceased, and the **cause and** date of death.

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C14130

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14130

Registered No. B.....

Mt Wilson Md

City of Baltimore, (No. 736, Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Magdalin Hall.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/20 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 15 1908 that I last saw h[illegible] alive on July 15 1908, and that death occurred, on the date stated above, at 9:30 A. M. The CAUSE OF DEATH was as follows:

Ulcerative Ileo colitis

(DURATION) 21 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. M. Kemp Jr. M. D.

July 20 1908 (Address) 804 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Baltimore City

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| PKINS HOSPITAL | JUL 20 1908 190 |
| UNDERTAKER | ADDRESS |
| Per. Wm. H. WOODALL | |

Commissioner Health.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 C14131 Registered No. B C14131

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 601 St. Paul St ~~St.~~ (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Julian Hummelbau.

{Residence, if in Baltimore, Give Street and Number.} 601 St. Paul St.

Duration of Residence in Baltimore. Life Time.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M. | COLOR: W |
| DATE OF BIRTH: 7 - 4 - 1908 | |
| AGE: ....years, ....months, 1 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: — | |
| BIRTHPLACE (State or country): City. | |
| FULL NAME OF FATHER: Julian R. Hummelbau | |
| BIRTHPLACE OF FATHER (State or country): Pa. | |
| MAIDEN NAME OF MOTHER: Ida Moor. | |
| BIRTHPLACE OF MOTHER (State or country): Ohio. | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julian R. Hummelbau

(Address) 601 St Paul St.

Filed 7 20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. A.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH 7 - 20 - 1908

I HEREBY CERTIFY, That I attended deceased from 7-19 1908 to 7-20 1908

that I last saw h.. alive on 7-20 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) — DAYS

Contributory (Primary) Premature Birth. (DURATION) DAYS

(Signed) S. Duncan M.D.

Address 1004 Linden Ave

Date 7 - 20 - 1908

Place of Burial Holy Cross Cemetery

Date July 8 20, 1908

Undertaker Henry W. Mears & Son

Address 1505 W. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C14132

Registered No. B C14132

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 1075 Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pro William Wright

{Residence, if in Baltimore, Give Street and Number.} 1075 Ann St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 79 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ellicott City Md

FULL NAME OF FATHER Thomas Wright

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Ann Loudenslager

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Wright P.R. HBF

(Address) 206 S Chester St.

Filed 7/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 — 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 19 1908 that I last saw h— alive on July 18 1908, and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

1 Wk — (DURATION) — DAYS

Contributory (Primary.) Cardiac failure

2 Days. (DURATION) DAYS

(Signed) Jno C Bruce M.D.

Address 125 S Paca —

Date July 20 — 1908

Place of Burial Mt. Carmel. CEMETERY

Date JUL 22 1908 190—

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C14133 Registered No. B C14133

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 2224 W. Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Spindler

{ Residence, if in Baltimore, Give Street and Number. } 2224 W. Christian St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 17th 1908

AGE — years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John E. Spindler

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Katie Voetsch

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John E. Spindler

(Address) 2224 W. Christian

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 20 1908

that I last saw h[illegible] alive on 7/19 1908,

and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 14 DAYS

Contributory (Primary.) Convulsion (DURATION) 6 hours DAYS

(Signed) J Harwood Cat M.D.

Address 2027 E Oriole St

Date 7/20 1908

Place of Burial Western Cemetery

Date July 21st 1908

Undertaker Mr & Mrs John W. Leuffe

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14134

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 14134

City of Baltimore, (No. 807 Wheatsheaf St.; 16th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lottie Hall

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Col

DATE OF BIRTH: ... (Month) ... (Day) 1887 Year)

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thos. Hall

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Flora Gordon

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Johnson

(Address) 1041 E. Oakley St

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17th 1908 to July 17th 1908 that I last saw her alive on July 17th 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Intracranial

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Wm Cook Willis M. D.

July 18 1908 (Address) 810 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, If not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: July 22 1908

UNDERTAKER: Sam'l W. Chase and Son

ADDRESS: 1400 Mocton

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C14135 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. C 14135

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 Block St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick O'Brien

Residence, Give Street and Number, 1229 Block St.

Duration of Residence in Baltimore, 45 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1849

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick O'Brien

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Kath Wenifer

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Rest. Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J. O'Brien

(Address) 1229 Block St

Filed 7/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 19 1908

that I last saw h wife alive on July 19 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthenia

(DURATION) DAYS

Contributory (Primary) Paralysis- (DURATION) 7 DAYS

(Signed) Geo. E. Wilson M. D.

Address 6 N. Broadway

Date 190

Place of Burial Cathedral Cem.

Date July 22nd 1908.

Undertaker Chas. F. Evans

Address 1820 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14136 Registered No. B

# CERTIFICATE OF DEATH. C14136/

(Place of Death.) No. 1029 Greenmount Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Richd. J. Savage

{Residence, if in Baltimore, Give Street and Number.} 1029 Greenmount Ave

Duration of Residence in Baltimore. 2 Years (two)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 15 1879

AGE: 29 years, — months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pittsburg Pa.

FULL NAME OF FATHER: John D. Savage

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen T. Fleming

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Horse shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 1029 Greenmount Ave

Filed 7/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 20 1908 that I last saw him alive on July 19 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 18 DAYS

Contributory (Primary.) Perforation of the and consequent collapse

8 hours (DURATION) — ~~DAYS~~

(Signed) John D. King M.D.

Address 1425 Eutaw Place

Date July 20 1908

Place of Burial Pittsburg, Pa.,

Date July 20, 1908.

Undertaker H. C. Middlefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

C14137.

C14137

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George W. Thompson.

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | W. |
| DATE OF BIRTH | 1 |
| AGE | 85 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W. |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | " |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Planter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hunt, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 20 1908 that I last saw h.... alive on July 20 1908, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease — (Natural Regurgitation)

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) D. Baker M.D.

Address Bay View Hospital

Date July 20 1908

Place of Burial Baltimore Co.

Date July 21/08 1908

Undertaker Wm Cook

Address 502 E. Northad

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15 C14138 Registered No. B C14138

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# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo F. Green

{ Residence, if in Baltimore, Give Street and Number. } 1530 N. Carey St.

Duration of Residence in Baltimore. ~~Life~~ 3 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | white |
| DATE OF BIRTH | Sept 12 1898 |
| AGE | 9 years, 10 months, 7 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single. |
| BIRTHPLACE (State or country) | Cumberland |
| FULL NAME OF FATHER | John F. Green. |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Mary Ray |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Green.

(Address) 1530 N. Carey St.

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(Was filling gasoline lamps, when came overcome, his clothing becoming saturated with gasoline coming in contact with lighted match) a.p.d.

..... (DURATION) 1½ DAYS

Contributory (Primary) accidental burns (DURATION) ..... DAYS

(Signed) Wilson Baldwin M.D.

Address 700 Lex. av. (Courier)

Date July 21st 1908

Place of Burial Holy Redeemer

Date July 21/08 — 190 .....

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

Dr Baldwin

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 — C14139 — Registered No. B C14139

# CERTIFICATE OF DEATH. 13

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Mrs.~~ Delia McDermott

{Residence, if in Baltimore, Give Street and Number.} 914 Hanford av.

Duration of Residence in Baltimore. 20 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Mc Dermott

(Address) 914 Hanford Av.

Filed 7/21 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ from ~~1908~~ to ~~1908~~ that I last saw h~~im~~ alive on ~~1908~~ and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum
Exhaustion

Monday = 3 w 4 days. (DURATION) DAYS

Contributory (Primary.)
~~about 3 w 4 days~~ (DURATION) DAYS

(Signed) W. T. Riley M.D.

Address 1834 Bank

Date July 20 1908

Place of Burial Holy Cross,

Date July 22 1908

Undertaker Wm Cook

Address 502 E. North Av

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C14140 — Registered No. B C14140

# CERTIFICATE OF DEATH. 10

(Place of Death.) No. 1618 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Kellerman

{Residence, if in Baltimore, Give Street and Number.} 1618 N Castle St.

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 (62) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna S Hammerbacher

(Address) 1618 N. Castle St.

Filed 7/21 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to July 15 1908 that I last saw h[illegible] alive on July 15 1908, and that death occurred, on the date stated above, at 5 AM. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) Geo Dryoung M.D.

Address 1735 N Broadway

Date July 19 — 1908

Place of Burial Mt Carmel

Date July 22/08 1908

Undertaker Wm Croft

Address 5026 Harford

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C14141 Registered No. B C14141

# CERTIFICATE OF DEATH.

29

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmund Pierce

{ Residence, if in Baltimore, Give Street and Number. } 17 E. Hughes St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Pierce

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lizzie Oliver

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Pierce mother

(Address) 17 E Hughes st

Filed 7/21 1908 ROBERT C. AMOS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to July 19 1908 that I last saw h[im] alive on July 19 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Tubercular

Peritonitis (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital

Date July 19 1908

Place of Burial Mt Auburn

Date July 21st 1908

Undertaker E. L. Brown and Son

Address 107 W Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C14142 Registered No. B C14142 20

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Dixon.

{ Residence, if in Baltimore, Give Street and Number. } 933 Leadenhall St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Stephen Dixson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Connor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dixon Wife

(Address) 933 Leadenhall st

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 19 1908 that I last saw h in alive on July 19 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

General septicaemia

(DURATION) DAYS

Contributory (Primary) Infected hand caused by splinter (DURATION) DAYS

(Signed) Com. D Schmith M.D.

Address City Hospital

Date July 20 1908

Place of Burial Laurel Md

Date July 21 1908

Undertaker C. L. Townsend Son

Address 108 W Monroe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 23

Registered No. B C14143

C14143

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Waters

{Residence, if in Baltimore, Give Street and Number.} 13 W Williamson St

Duration of Residence in Baltimore. 15 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Charles Waters

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Emeline Cooper

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Peddle

(Address) 13 W Williamson St

Filed 7/21 1908

HARRY O. ANDREWS, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 14 1908 that I last saw h-im alive on July 14 1908, and that death occurred, on the date stated above, at 4-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Depression of vital centres due to toxemia general anasarca

(DURATION) 10 DAYS

Con'tributory (Primary) Acute Endocarditis & Pneumonia Nephritis (DURATION) 60 DAYS

(Signed) L Roth M.D.

Address University Hospital

Date July 19 1908

Place of Burial Mt Auburn Cem

Date July 21 1908

Undertaker H. L. Brown & Son

Address 108 W Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4. C14144 Registered No. B C14144

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1103 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton H. Hulse

{ Residence, if in Baltimore, Give Street and Number. } 1103 N. Milton Ave.

Duration of Residence in Baltimore. Lifetime.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 12" 1900

AGE: 7 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Sam'l Hulse

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Jennie McKay

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam'l Hulse

(Address) 1103 Milton Ave

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th. 1908

I HEREBY CERTIFY, That I attended deceased from May 3/ 24 1908 to July 18th 1908 that I last saw him alive on July 18th 1908, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis and Dyspnoea

(DURATION) 1 DAY.

Contributory (Primary.) Mitral regurgitation and aortic stenosis (DURATION) 8 Mos.

(Signed) Gilbert F. Dingfield M.D.

Address 1503 E. North Ave.

Date July 19th, 1908

Place of Burial Mt Carmel Cem.

Date July 21st. 1908

Undertaker Geo. M. Funk

Address 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 3 C14145 Registered No. B C14145

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Martini

{ Residence, if in Baltimore, Give Street and Number. } 311 S. Spring St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 9 1

AGE 42 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michel Schisler

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Adolph Martini

(Address 311 S. Spring St

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 20 1908 that I last saw h Er alive on July 20 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dopaemia

(DURATION) ... DAYS

Contributory (Primary.) Typhoid fever (DURATION) ... DAYS

(Signed) Wm J Schmith M.D.

Address City Hospital.

Date July 20 1908

Place of Burial Mt Carmel

Date July 22 1908

Undertaker Wm Cook

Address 502 E Northar.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14146

Ward 17 C14146 Registered No. B

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. 562 Orchard — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Hall

{Residence, if in Baltimore, Give Street and Number.} 562 Orchard St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elias Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Patient Hall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Neal

(Address) 562 Orchard st

Filed 7/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1905 to July 18th 1908 that I last saw him alive on July 8th 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Sudden failure of a much deranged heart, Due to Land and Constant work and The heart The breakdown has been impending for several weeks. Treatment produced no results to

Contributory (Primary) Affection of the valves of heart following (DURATION) DAYS rheumatism. His heart has been affected for years —

(Signed) J. Mortimer Hayes M.D.

Address 901 N. Stricker St

Date July 18th 1908

Place of Burial Mt Auburn Cemetery

Date July 21 1908

Undertaker R. St Gilbert

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 3 — Registered No. B 14147

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Pfifter

{Residence, if in Baltimore, Give Street and Number.} 1408. Gough Street

Duration of Residence in Baltimore. 4 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Locuid Pfifter.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Reis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Marguerstein

(Address) 1691 E. Baltimore st

Filed 7/21 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to July 21 1908

that I last saw h~~im~~ alive on July 21 1908.

and that death occurred, on the date stated above, at 12 30 ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral and Aortic insufficiency.

Pulmonary Edema.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Gough M.D.

Address Johns Hopkins Hospital

Date July 21 1908

Place of Burial Rosedale Cemetery

Date July 21 1908

Undertaker M. E. Grimm - Carroll

Address 122 N. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 C14148 Registered No. B C14148

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 Canton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm a. Lepper

{Residence, if in Baltimore, Give Street and Number.} 2006 Canton Ave

Duration of Residence in Baltimore. Life —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 26th 1907

AGE: ..... years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Lepper

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mamie McDonald.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob. Lepper

(Address) 2006 Canton Ave

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 19 1908

that I last saw him alive on " 19 1908

and that death occurred, on the date stated above, at 10 M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

2 (DURATION) DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) C. Miller M.D.

Address 619 E. Baltimore St.

Date July 20 1908

Place of Burial Balto. Cemetery

Date JUL 21 1908 1908

Undertaker Lilly and Zeiler.

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 — Registered No. B C14149

C14149

# CERTIFICATE OF DEATH.

172

(Place of Death.) No. Patterson Park ~~Corner~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Cooper

{ Residence, if in Baltimore, Give Street and Number. } Arlington Av Govans Balto Co Md

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 15 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Calvin B Cooper

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Caroline Blanche

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Calvin B Cooper

(Address) Arlington Av Govans

Filed 7/21 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 = 1908

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on ~ 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(Drowned while bathing a.D.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 N Greene St.

Date 190

Place of Burial Balto Cemetery

Date July 22 nd 1908

Undertaker J E Hughes

Address 1 S Bdwy

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 — C14150 — Registered No. B C14150

# CERTIFICATE OF DEATH.

100

(Place of Death.) No. 2538 Foster av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Baranowski

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. wife time

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | 17 February 1907 |
| AGE | 1 years, 5 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Jacob Baranowski |
| BIRTHPLACE OF FATHER (State or country) | Austria |
| MAIDEN NAME OF MOTHER | Eva Katanski |
| BIRTHPLACE OF MOTHER (State or country) | Austria |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Baranowski

(Address) 2538 Foster av

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 19 1908

that I last saw him alive on July 19 1908,

and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Stomatitis (DURATION) 14 DAYS

Contributory (Primary.) Cyanidism

(DURATION) 4 DAYS

(Signed) S. J. Szymanski M.D.

Address 1713 Bank st

Date July 20 ty 1908

Place of Burial St Stanislaus

Date July 21 1908

Undertaker Joseph Horowski

Address 1703 Aliceanna st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14151

Ward 7

C14151 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 925 Fell St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barnad Klinski

{ Residence, if in Baltimore, Give Street and Number. } 925 Fell St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 17 1907

AGE — years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Klinski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Diarcz

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Klinski

(Address) 925 Fell St.

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 20 1908 that I last saw h— alive on July 20 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Venturo M.D.

Address 165 Bradley

Date July 24 1908

Place of Burial St Stanislaus

Date July 21 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 21 — C14152 — Registered No. B C14152

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 400 Stockholm St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lena Vogt

{Residence, if in Baltimore, Give Street and Number.} 400 Stockholm St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Sept. 18 1907

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Leonard Vogt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Beh

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Vogt

(Address) 400 Stockholm St.

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday July 19, 1908

I HEREBY CERTIFY, That I attended deceased from 7-16-08 1908 to 7-19- 1908

that I last saw h alive on 7-19-1908,

and that death occurred, on the date stated above, at 7 p. m. CAUSE OF DEATH (Secondary or Immediate)

Exanition

(DURATION) 1 DAYS

Contributory (Primary.) Enteritis

(DURATION) 5 DAYS

(Signed) H. G. Beauchamp M.D.

Address 2200 Eutaw Pl.

Date July 21 1908

Place of Burial Mount Carmel Cem.

Date July 21. 1908

Undertaker Geo. P. Pardus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or person intending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, [illegible] married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 3rd

C14153 Registered No. B C14153

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1609 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Hornkofsky

{ Residence, if in Baltimore, Give Street and Number. } 1609 E. Pratt St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Morris Hornkofsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Ritzman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ike Hornkofsky

(Address) 1609 E. Pratt St

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 21st 1908 that I last saw h[illegible] alive on July 20th 1908 and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 21 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. M. Rice M.D.

Address 213 S. Bond St

Date July 21st 1908

Place of Burial Helma Boonsboro Co. Md.

Date July 21, 1908

Undertaker Max Lemmer

Address 620 Mt. Elderry st

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14154 Registered No. C C14154

# CERTIFICATE OF DEATH. 8

(Place of Death.) No. 5 N. Paluxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Jones

Residence, Give Street and Number, 5 N. Paluxent St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE ..... years, 4 months, 7 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Albert Jones

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER M. A. Schneider

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Jones

(Address) 5 N. Paluxent St.

Filed 7/21 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 20" 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 20 1908 that I last saw him alive on July 20 9 P.M. 1908 and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia — Capillary bronchitis

(DURATION) 4 DAYS

Contributory (Primary) Pertussis

(DURATION) 10 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121, Jackson Square

Date July 21 1908

Place of Burial Holy Redeemer

Date July 21" 1908

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C14155 — Registered No. B C14155

# CERTIFICATE OF DEATH.

39

(Place of Death.) No. 2106 E Lafayette ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Christian Knoepp

{Residence, if in Baltimore, Give Street and Number.} 2106 E Lafayette ave

Duration of Residence in Baltimore. 52 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 13th 1836

AGE: 71 years, 10 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Louis F Knoepp

(Address) Lauraville Md.

Filed 7/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to July 20th 1908

that I last saw him alive on July 20th 1908

and that death occurred, on the date stated above, at 245 P. M. CAUSE OF DEATH (Secondary or Immediate

E Franckoni

(DURATION) DA

Contributory (Primary) Carcinoma of Jaw (DURATION) 6 Months DA

(Signed) E Stehwert M.

Address 1419 E Eager St

Date July 20th 1908

Place of Burial London Park Cemetery

Date July 23rd 1908

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C14456 Registered No. B C14456

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 414 E 22½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Biggs

{ Residence, if in Baltimore, Give Street and Number. } 414 E 22½ St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Col.

DATE OF BIRTH January 5 1907

AGE 1 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Chas Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Biggs

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hampton Bailey

(Address) Shelpersburg Md

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 20 1908 that I last saw him alive on July 20 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions Eclampsia

(DURATION) 1 DAYS

Contributory (Primary) Malnutrition

Inanition (DURATION) 6 Wks

(Signed) Hampton Bailey M.D.

Address Guilford Ave. 123

Date July 21 1908

Place of Burial Laurel Cemetery

Date July 21 1908

Undertaker Felix Biggs

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

C14157

Ward 17 C14157 Registered No. B

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. City View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hall

{Residence, if in Baltimore, Give Street and Number.} 1311 Shields, Al.

Duration of Residence in Baltimore. 50 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B.

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tobias Brown

(Address) 1311 Shields Alley.

Filed 7/21 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 20 1908

that I last saw h alive on July 20 1908,

and that death occurred, on the date stated above, at 4.30

11. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(Broken Compensation)

(DURATION) DAYS

Contributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date July 20 1908

Place of Burial Laurel Cemetery

Date July 21. 1908

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C14158 Registered No. B C14158

# CERTIFICATE OF DEATH. 1

(Place of Death.) No. 768 George St. St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.

Full Name Lillian Page Oathoudt

{Residence, if in Baltimore, Give Street and Number.} 768 George St. (Oathoudt)

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Dec 21 1879

AGE 28 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR~~ DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Marcellus H Fowler

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Margret S Miles

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Home Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Norcom

(Address) 765 George st

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to July 19 1908 that I last saw h er alive on July 19 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever.

(DURATION) 8 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Lord M.D.

Address 604 N. Gilmor St

Date July 20th 1908

Place of Burial Woodlawn Cemetery

Date July 21 1908

Undertaker Walter W Shriver

Address 916 Fremont ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14159

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14159

Registered No. B.....

City of Baltimore, (No. 414 N Popelton St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Charles F. Godwin

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 7 1818 (Month) (Day) (Year)

AGE: ..... years, 5 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles F. Godwin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lucie Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Godwin

(Address) 414 N Popelton st

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 20 1908 that I last saw him alive on July 20 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Meningitis

Tubercular

(DURATION) 6 DAYS

Contributory Whooping Cough

Uremia (DURATION) ..... DAYS

(Signed) Robert K Kuhn M. D.

Jul 21 1908 (Address) Robert K Kuhn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 22 1908

UNDERTAKER: Walter W Shriver

ADDRESS: 116 Fremont

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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C14160

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14160

Registered No. B.....

Duration of Residence in Balto- 40 years.

City of Baltimore, (No. 1604 Pressbury St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Stevens

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Dec - 18 1848 (Month) (Day) (Year) |
| AGE | 59 years, -7- months, -2- days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Wm. Form |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Female Head of Family |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stevens

(Address) 1604 Pressbury St.

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 19 1908

that I last saw h-Er alive on July 19 1908

and that death occurred, on the date stated above, at 7 30 a. m. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 20 DAYS

Contributory Paralysis; and in-ability to take food (DURATION) 15 DAYS

(Signed) William Schuermann M. D.

July 20 1908 (Address) 1701 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | July 22 1908 |
| UNDERTAKER W. J. McKnew & Co | ADDRESS Edmondson Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C14161 — Registered No. B C14161

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1932 Wolfhelm St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lizzie D Riley

{Residence, if in Baltimore, Give Street and Number.} 1932 Wolfhelm St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: July 27th 1908

AGE: 19 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Mahood

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Bertie Briscoe

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Mahood

(Address) 1932 Wolfhelm St

Filed 7/24 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to July 20th 1908 that I last saw h.. alive on " 19th 1908, and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 5 Days

Contributory (Primary.) Intussusception

(DURATION) ? DAYS

(Signed) Edward L Mortimer M.D.

Address 125 N Fulton Ave

Date July 20 1908

Place of Burial St Peters

Date July 22" 1908

Undertaker N S' Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C14162 Registered No. B C14162

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1818 Wilhelm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Lee Owens

{Residence, if in Baltimore, Give Street and Number.} 1818 Wilhelm St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 10th 1908

AGE ..... years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED /

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm F. Owens

BIRTHPLACE OF FATHER (State or country) St Marys County

MAIDEN NAME OF MOTHER Annie Elizabeth Thompson

BIRTHPLACE OF MOTHER (State or country) St Marys County

OCCUPATION OF DECEASED /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Owens

(Address) 1818 Wilhelm St

Filed 7/21 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 9th 1908 to July 20th 1908 that I last saw h-er alive on July 9th 1908 and that death occurred, on the date stated above, at 4:30

M. CAUSE OF DEATH (Secondary or immediate.)

Inanition

(DURATION) 11 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) DAYS

(Signed) J Braun M.D.

Address 2017 Wilkens Ave

Date July 20th 1908

Place of Burial St Peters

Date July 21 " 1908

Undertaker H S Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

C14163

Registered No. B C14163

41

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Carter

{Residence, if in Baltimore, Give Street and Number.} 950 Saratoga St

Duration of Residence in Baltimore. 35 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: —

AGE: 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Johan Jeems

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Brown

(Address) 950 Saratoga St

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 19 1908 that I last saw her alive on July 19 1908, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Rectal Carcinoma

Chronic Nebritis (DURATION) ? DAYS

(Signed) G. Milton Linthicum M.D.

Address 1818 N. Charles St

Date July 20th 1908

Place of Burial Mt. Auburn

Date July 22 1908

Undertaker A. J. Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

C 14164

is

missing

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14165 Registered No. B C14165

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 153 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia B. Kirman

{Residence, if in Baltimore, Give Street and Number.} 153 N. Luzerne St

Duration of Residence in Baltimore. About 65 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 31st 1840

AGE 67 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Shelton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah F. George

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L L Kirman

(Address) 1539 N. Luzerne

Filed 7/21 1908 Registrar

BARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from January 6 1908 to July 19 1908 that I last saw her alive on July 19th 1908, and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright disease

(DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) Alf. S. Sagi M.D.

Address 709 N Eden way

Date 7/20 1908

Place of Burial Mt Carmel Cem

Date July 21st 1908

Undertaker H Allen Fuller

Address 2012 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C14166 Registered No. B ..... C14166

65

# CERTIFICATE OF DEATH.

(Place of Death.) No. 716 N. Eutaw St ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane O'Neill

{Residence, if in Baltimore, Give Street and Number.} 716 N. Eutaw st

Duration of Residence in Baltimore. 57 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feb. 17 1823

AGE 85 years, 5 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Arthur McConnick

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Bamside

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie O'Neill

(Address) 716 N. Eutaw st

Filed 7/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 21 1908

that I last saw h... alive on ... 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Softening of the brain

(DURATION) ... DAYS

Contributory (Primary.) Senile Marasmus

(DURATION) ... DAYS

(Signed) E. Wells Lane M.D.

Address 819 N. Eutaw st

Date July 21st 1908

Place of Burial New Cathedral Cem

Date July 23 1908

Undertaker Chas. E. Fraser

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14167 Registered No. B C14167

28

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alonzo Johnson

{ Residence, if in Baltimore, Give Street and Number. } Pleasure, Balto Co Md

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm A. Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Jackson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Johnson

(Address) Anne Arundel Co Md

Filed 7/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20" 1908

I HEREBY CERTIFY, That I attended deceased from July 15" 1908 to July 20 1908

that I last saw h.. alive on July 20 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous meningitis.

Y bronchopneumonia.

(DURATION) DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) P. N. Belough M.D.

Address Johns Hopkins Hospital

Date July 21 1908

Place of Burial Jewish Branch Balto

Date July 21 1908

Undertaker Wm J. Jackson

Address 142 Mulliken St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C1416

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B014168

City of Baltimore, (No. 218 S Duncan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Dougherty

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1856 (Year)
AGE: 52 years, ..... months, ..... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Ireland
FULL NAME OF FATHER: Patrick Daugherty
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: Bridget Dougherty
BIRTHPLACE OF MOTHER (State or country): Ireland.
OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mich. F. Daugherty

(Address) 218 S Duncan St

Filed 7/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1904 to July 20 1908 that I last saw h.. alive on July 20 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 4 Yrs DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) F. J. Powers M. D.

July 20 1908 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincents Cemty
DATE OF BURIAL: July 22 1908
UNDERTAKER: Chas. F. Evans
ADDRESS: 1187 N Avon

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C14169 Registered No. B C14169

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 2415 Jefferson St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward James Kane (or Cain)

{Residence, if in Baltimore, Give Street and Number.} 2415 Jefferson St.

Duration of Residence in Baltimore. 1.9 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | June 17 1889 |
| AGE | 19 years, 1 months, 2 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Francis R (Cain) Kane |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Mary Condon |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Silver Chaser |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances P. Cain

(Address) 2415 Jefferson

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19, 1908

I HEREBY CERTIFY, That I attended deceased from September 3, 1907 to July 19 1908 that I last saw h in alive on July 17 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (?)

(DURATION) 300 DAYS

(Signed) S S Krouse M.D.

Address Johns Hopkins Hospital

Date July 19, 1908

Place of Burial Cathedral Cemetery

Date July 22 1908

Undertaker Chas F. Evans

Address 1180 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B C14170

C14170

# CERTIFICATE OF DEATH.

11

(Place of Death.) No. 511 N Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Johnson

{Residence, if in Baltimore, Give Street and Number.} 511 Bethel St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE X years, 8 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md Balto

FULL NAME OF FATHER Geo H Johnson

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER Lucinda Farmer

BIRTHPLACE OF MOTHER (State or country) Charles county

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Johnson

(Address) 511 N Bethel st

Filed 7/21 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 ..... to ..... 190 .....

that I last saw h ..... alive on ~~.....~~ 190 .....,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lucius Cameron M.D.

Address Edmondson Ave

Date July 21 1908

Place of Burial Asbury cemetery

Date July 21 1908

Undertaker Geo H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 14171

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1011 Wilcox St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew D Trance

Residence, Give Street and Number, 1011 Wilcox St.

Duration of Residence in Baltimore, 64

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 67 years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Trance

(Address) 1011 Wilcox St

Filed 7/21 1908 HENRY C. ANDREWS, Registrar. PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 20 th 1908

I HEREBY CERTIFY, That I attended deceased from July 17th 1908 to July 19th 1908

that I last saw h~~im~~ alive on " 1908

and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Interstitial Nephritis

(DURATION) 65 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) ~~H.~~ H. T. Wilcox M. D.

Address 9-E. Biddle St.

Date July 20 th 1908

Place of Burial Baltimore Cemetery

Date July 22 nd 1908

Undertaker Henry Hooks Sons

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C14172

Ward 9

C14172

Registered No. B 81

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary O'Connell

{Residence, if in Baltimore, Give Street and Number.} St Josephs German Hospital

Duration of Residence in Baltimore. 60 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 85 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Irelands

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Ahern

(Address) 320 S Mount St

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908.

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 19 1908 that I last saw h-r alive on July 19 1908 and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart

(DURATION) DAYS

Contributory (Primary) arterio-sclerosis

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address St Josephs Hospital

Date July 20 - 08 1908

Place of Burial Cathedral

Date July 22 - 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C14173 Registered No. B C14173 66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 N Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lucy A Wilson

{ Residence, if in Baltimore, Give Street and Number. } 1927 N. Franklin St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Oct 17 1841

AGE 66 years, 9 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Bucker.

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md.

MAIDEN NAME OF MOTHER Rachie Baughman.

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md.

OCCUPATION OF DECEASED Widow.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M. Kenny.

(Address) 1927 N. Franklin St.

Filed 7/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 21st 1908 to July 20th 1908

that I last saw her alive on " / " 1908 at 5

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) 4 DAYS

(Signed) Egbert S Mortimer M.D.

Address 125 N Fulton Ave

Date July 20th 1908

Place of Burial Western Cemetery

Date Wednesday July 22 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14174 C14174

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

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## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

2226 Brunt St.

Registered No. B.....

City of Baltimore, (No. Rear of 2218 Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara C. Smith.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1870 (Year)

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jacob Shelley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Little

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Smith

(Address) 1542 N. Bond St.

Filed 7/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to July 20 1908 that I last saw h-er alive on July 20 1908, and that death occurred, on the date stated above, at 9.15 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of the Uterus

(DURATION) 6 months DAYS

Contributory Hemorrhage, and inability to retain food. (DURATION) 7 DAYS

(Signed) William J. Sullivan M. D.

July 21 1908 (Address) 1701 N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | July 23 1908 |
| UNDERTAKER | ADDRESS |
| Mathias Fahey & Sons | 606 Lafayette Av |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.** C14175

Ward 14 C14175 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Faber

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1906

AGE: ..... years, ..... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: unk

BIRTHPLACE OF FATHER (State or country): unk

MAIDEN NAME OF MOTHER: unk

BIRTHPLACE OF MOTHER (State or country): unk

OCCUPATION OF DECEASED: unk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 7/21 1906 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 20 1906 that I last saw her alive on July 20 1906, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) 3 DAYS

(Signed) J. Tucker M.D. Wm. M. J. Dulany M.D.

Address 7. E. Biddle St.

Date July 21 1906.

Place of Burial New Cathedral

Date July 21 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City [If de... U... give "S...

SEX

DATE

AGE

SINGL... WIDOW...

BIRTH... (State ...

FULL ... OF FA...

BIRTH... OF FA... (State ...

MAIDE... OF MO...

BIRTH... OF MO... (State ...

OCCUP... OF DE...

THE A... BEST ...

(Inform...

Filed 7/2...

HEALTH DEPARTMENT, City of Baltimore. C14176

Ward 14 C14176 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernadine Herrick

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH ...1908

AGE ...years, 2 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Neg

BIRTHPLACE OF FATHER (State or country) Neg

MAIDEN NAME OF MOTHER Neg

BIRTHPLACE OF MOTHER (State or country) Neg

OCCUPATION OF DECEASED Neg.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy.

(Address)

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 19 1908 that I last saw h alive on July 19 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. S. Fuchs per M. J. Dillon M.D.

Address 9 E. Biddle St.

Date July 21 1908

Place of Burial New Cathedral

Date July 21 1908

Undertaker Martin & Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14177

Ward 14

C14177 Registered No. B

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Leonard

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, ..... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Md

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Md

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum.

(Address)

Filed 7/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 20 1908 that I last saw him alive on ..... 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm. M. J. Gilbert M.D.

Address 1 E. Biddle St.

Date July 21 1908

Place of Burial New Cathedral

Date July 21 1908

Undertaker Martin Feeley & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14178

Ward 14 C14178 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Wm Clark

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1908

AGE years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 7/21" 1908 MARY C. ANDRADE, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 19 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 926 Biddle St.

Date July 20th 1908

Place of Burial New Cathedral

Date July 21" 1908

Undertaker Martin Fahey & Sons

Address 606 Hafsey Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14179

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 326 S. Fremont St.; 26 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert H. Krumholz

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 26 (Month) (Day) 1908 (Year)

AGE: ..... years, 11 months, 25 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Krumholz

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ida Buckler

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Krumholz

(Address) 326 S. Fremont St.

Filed 7/21" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20, 1908 to July 20 1908 that I last saw h[illegible] alive on July 20 1908, and that death occurred, on the date stated above, at 9 P M. The CAUSE OF DEATH was as follows:

Cholera Infantum

3 (DURATION) DAYS

Contributory exhaustion

(DURATION) DAYS

(Signed) B Hall M. D.

July 21 1908 (Address) Md Avenue -

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Leeder Hall | DATE OF BURIAL: July 22 1908

UNDERTAKER: Aiken & Edwards | ADDRESS: 1428 S Charles St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14160

Ward 10 C14160 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2210 Fairmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie L. M Hastings

{Residence, if in Baltimore, Give Street and Number.} 2210 Fairmount ave.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | female |
| COLOR | white |
| DATE OF BIRTH | Jany 1st 1908 |
| AGE | — years, 6 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Balto city |
| FULL NAME OF FATHER | Henry A. Hastings |
| BIRTHPLACE OF FATHER (State or country) | Virginia |
| MAIDEN NAME OF MOTHER | Kate McDonald |
| BIRTHPLACE OF MOTHER (State or country) | Mass. |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A. Hastings

(Address) 2210 Fairmount Ave

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1908

I HEREBY CERTIFY, That I attended deceased from June 28th 1908 to July 19th 1908 that I last saw h— alive on July 19th 1908, and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 20 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Smigwael M.D.

Address 57 N. Washington st.

Date July 21st 1908

Place of Burial Peadrille Va.

Date July 22/08 190—

Undertaker J Herwig & Son

Address 900 & Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14181

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14181

Registered No. B.....

City of Baltimore, (No. 2634, Hampden Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gracie M. Knueller

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 21 (Month) (Day) 1908 (Year)

AGE: ..... years, ..... months 9 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Sylvester H. Knueller

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Minnie M. Harris

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvester H. Knueller

(Address) 2634 Hampden Ave

Filed 7/22 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from at 2:45 a.m. July 21 1908 to at 4:30 July 21 1908 that I last saw her alive on July 21 1908, and that death occurred, on the date stated above, at 4:30 P.M. The CAUSE OF DEATH was as follows:

Premature Birth with Hemorrhage of Cord in 7th month of Pregnancy (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) J. Shelley M. D.

July 21 1908 (Address) 2849 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Marys Homewood

DATE OF BURIAL: July 22 1908

UNDERTAKER: Horace Burgee

ADDRESS: 3681 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

Registered No. B 014182

014182

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1728 Thames St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leon Gounaras

{ Residence, if in Baltimore, Give Street and Number. } No. 1728 Thames St.

Duration of Residence in Baltimore. during Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Nicholas Gounaras

BIRTHPLACE OF FATHER (State or country): Greek

MAIDEN NAME OF MOTHER: Lillie Gounaras

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr N. Gounaros

(Address) 1728 Thames

Filed 7/22 1908

HARRY C. ARENDS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 26th 1908 to July 21st 1908

that I last saw him alive on June 20th 1908,

and that death occurred, on the date stated above, at 1 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

several days (DURATION) DAYS

Con'ributory (Primary) Cholera infantum

about one month (DURATION) DAYS

(Signed) Fredk. A. Konradi, M.D.

Address 2121 E. Baltimore St.

Date July 21st 1908

Place of Burial Oak Lawn

Date July 22nd 1908

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, ***sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14183

105

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14183

City of Baltimore, (No. 1036 Valley St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas M Huber

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May (Month) 14 (Day) 1908 (Year)

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alphonse Huber

BIRTHPLACE OF FATHER (State or country): Baltimore, State

MAIDEN NAME OF MOTHER: Katie Gruber

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1036 Valley St

Filed 7/22 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/21 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7/13 1908 to 7/21 1908

that I last saw h alive on 7/20 1908

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows: —

Jaundice Enteritis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Henry F. Lemmey M. D.

1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: July 22 1908

UNDERTAKER: Henry Stock & Son

ADDRESS: 1301 E Eager

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C14184 Registered No. B C14184

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 3223 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin Elsworth Smith.

{Residence, if in Baltimore, Give Street and Number.} 3223 Barclay St.

Duration of Residence in Baltimore. Age of life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 5th 1908

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joseph H Smith

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Florence Wilson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Jos H Smith

(Address) 3223 Barclay St

Filed 7/22 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 8 1908 that I last saw him alive on July 8 1908 and that death occurred, on the date stated above, at 6.30 P. M., CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Age-heredity

(DURATION) DAYS

(Signed) Roscoe Gross M.D.

Address 211-N 25 St.

Date July 21 1908

Place of Burial Holy Cross

Date July 24 1908

Undertaker E. A. Whitfield Jr.

Address 2113 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1840

Ward 4 C14185 Registered No. B C14185

# CERTIFICATE OF DEATH.

1-20

Place of Death.) No. 1307 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Marren

{Residence, if in Baltimore, Give Street and Number.} 1307 N. Rose St

Duration of Residence in Baltimore. 68 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male- COLOR White

DATE OF BIRTH 1840

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland-

FULL NAME OF FATHER Terrence Marren

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catharine

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Gravel Roofer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Kate Bennett

(Address) 1412 N. Luzerne St

Filed 7/22-8 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to July 20 1908

that I last saw h alive on July 20 1908,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 2 Mos DAYS

Contributory (Primary) Cardiac Paralysis (DURATION) DAYS

(Signed) F. K. Powers M.D.

Address 2371 E Preston

Date July - 20 - 1908

Place of Burial St - Patricks

Date July - 22nd 1908

Undertaker Wm M. Gauntlett

Address Kirk & Lauderdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

C14186

C14186

Ward 12

Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma C. Bahr

{Residence, if in Baltimore, Give Street and Number.} 1103 Race

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female. White | COLOR White |
| DATE OF BIRTH | Twelfth December 1907 |
| AGE | ....years, 7 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | 1103 Race St |
| FULL NAME OF FATHER | Frederick J. Baker |
| BIRTHPLACE OF FATHER (State or country) | New York |
| MAIDEN NAME OF MOTHER | Richrie. Flies |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick J. Baker

(Address) 1103 Race St.

Filed 7/22 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| DATE OF DEATH | July 21 1908 |

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 21 1908

that I last saw h.. alive on July 20 1908,

and that death occurred, on the date stated above, at 9:05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) DAYS

(Signed) J. M. Lampasas M.D.

Address 602 N. Paca St

Date July 22 1908

Place of Burial Western

Date July 22 1908

Undertaker J. A. Schantelow

Address 1315 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C14187 Registered No. B C14187

# CERTIFICATE OF DEATH.

Place of Death.) No. 670 T Bradley St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Wm. W. Jones

{Residence, if in Baltimore, Give Street and Number.} 670 T Bradley St

Duration of Residence in Baltimore. 50 yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH ——— 1825

AGE 87 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Howard Co Md.

FULL NAME OF FATHER Phil A. Jones

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phil A Jones

(Address) 670 Bradley St

Filed 7/22 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 20 1908

that I last saw h[illegible] alive on July 20 1908

and that death occurred, on the date stated above, at 8 [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Organic

Disease of

Heart

6 mos (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

2 days (DURATION) ..... DAYS

(Signed) H Howard M.D.

Address Byron Fay Elliott

Date July 20 1908

Place of Burial Mt Auburn Cem

Date July 22 1908

Undertaker M. Daylee & Sons

Address 17 E Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14188 C14188

Ward 5 Registered No. B

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Brown.

{ Residence, if in Baltimore, Give Street and Number. } 141 Chestnut St

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX F | COLOR B |
| DATE OF BIRTH 1 | |
| AGE 60 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W |
| BIRTHPLACE (State or country) | Va |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Work. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) LEMUEL HALL, SR.

(Address) BAY VIEW ASYLUM.

Filed 7/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 20 1908 that I last saw h alive on July 20 1908, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) J. H. Eden M.D.

Address Bay View Asylum

Date July 20 1908

Place of Burial Laurel Cemetery

Date July 23. 1908

Undertaker R. S. Gallant

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C14189 Registered No. B C14189

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Biddle Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hanna Riley

{Residence, if in Baltimore, Give Street and Number.} 517 Biddle Alley

Duration of Residence in Baltimore. One month.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 517 Biddle Alley

Filed 7/22 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 4th 1908 to July 20th 1908

that I last saw h m alive on July 19th 1908

and that death occurred, on the date stated above, at 4 a m.

CAUSE OF DEATH (Secondary or Immediate) Carcinoma, Neck

Asthenia

(DURATION) 35 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 1514 W Franklin St

Date July 20th 1908

Place of Burial Mt Auburn Cemetery

Date July 22 1908

Undertaker R S Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C14190

Registered No. B C14190

# CERTIFICATE OF DEATH.

17°

(Place of Death.) No. 2010 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sedinia Cole

{Residence, if in Baltimore, Give Street and Number.} 2010 Division St

Duration of Residence in Baltimore. all life 55 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1 —

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Chase

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Linus

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertie Cole

(Address) 2010 Division st.

Filed 7/22 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 20 1908 that I last saw her alive on July 20 1908, and that death occurred, on the date stated above, at 5.10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 7 Mos Yrs

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey st

Date July 20, 1908

Place of Burial Mt Auburn

Date July 22 1908

Undertaker R. L. Elliott

Address 502 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 92 C14191 Registered No. B C14191

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 122 E Hughes St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James P Burke

{Residence, if in Baltimore, Give Street and Number.} 122 E. Hughes st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Oct 10 1906

AGE 1 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Delia Clarke

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Burke

(Address) 122 E. Hughes

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 16th 1908 to July 21st 1908 that I last saw h er alive on July 20th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Bronchs Pneumis 1½ days (DURATION)

(Signed) T. J. O'Donnell M.D.

Address 1340 Schroeder

Date July 22nd 1908

Place of Burial St Peters

Date July 21 1908

Undertaker F. A. Krause & Bro

Address 713 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14192

C14192

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 702, N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME James Albert Johnson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: March (Month) 26 (Day) 1908 (Year)

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Albert Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Edna Wilson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Johnson

(Address) 702 N. Durham st

Filed 7/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 21 1908 that I last saw h im alive on July 21 1908, and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Samuel J. Hing M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 22 1908

UNDERTAKER: Chas G Bailey — ADDRESS: 1417 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C14193 Registered No. B C14193

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecil Brown

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | B. |
| DATE OF BIRTH | 1 |
| AGE | 24 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Jamaica |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Waiter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holladay.

(Address) BAY VIEW ASYLUM.

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

146

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to July 20 1908

that I last saw him alive on July 20 1908,

and that death occurred, on the date stated above, at 3:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Epistaxis

(DURATION) DAYS

(Signed) W. H. Fisher M.D.

Address Bay View Hospital

Date July 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 21 1908 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14194

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14194

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1603, Mount St Church St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Infnt Mary Ellen Taylor

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl

DATE OF BIRTH: July (Month) 18 (Day) 1908 (Year)

AGE: ✓ years, ✓ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Taylor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Green

(Address) 1613 Mount St

Filed 7/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 19 1908 that I last saw h[illegible] alive on July 20 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

eleven months

Premature labor.

(DURATION) ✓ DAYS

Contributory ✓

(DURATION) ✓ DAYS

(Signed) B F Lynch M. D.

July 20 1908 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JUL 2 1908

UNDERTAKER — ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C14195

C14195

Registered No. B

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 625 S. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anna Kolaetzas

{ Residence, if in Baltimore, Give Street and Number. } # 625 S. Bond St

Duration of Residence in Baltimore. about 7 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W—

DATE OF BIRTH: 1

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Patapsco Neck. Co Md

FULL NAME OF FATHER: John Kolaetzas

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lilly Etzmats

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly Kolatzas

(Address) S. S. Bond St

Filed 7/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 21 1908 that I last saw h[illegible] alive on July 21 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date July 21 1908

Place of Burial St Stanislaus.

Date Wednesday July 22 1908

Undertaker M. F. Sadowski's

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14196

# HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. C C14196

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 30 Landwehr Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Heiland

Residence, Give Street and Number, 30 Landwehr Lane

Duration of Residence in Baltimore, 30 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH January 10, 1855

AGE 53 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Pa

FULL NAME OF FATHER Fromm

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Minnie Heiland

(Address) 30 Landwehr Lane

Filed 7/22 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1907 to July 21 1908

that I last saw her alive on July 21 1908.

and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Syncope

(DURATION) — DAYS

Contributory (Primary) Mitral Insufficiency

(DURATION) 291 DAYS

(Signed) M. O'Neill M. D.

Address 108 N. Fulton Ave

Date July 22 1908

Place of Burial Philadelphia Pa

Date July 23rd 1908

Undertaker F. B. Shippert

Address Frederick Md

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C14197 — Registered No. B C14197

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Reese st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth M. Raub

{Residence, if in Baltimore, Give Street and Number.} 25 Reese st.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1st 1908

AGE ..... years, ..... months, 51 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Guy F. Raub

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Annie Wittenges

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Flemings

(Address) 25 Reese St

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 19th 1908 to July 21 1908 that I last saw h[illegible] alive on July 21 1908, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion & Syncope

(DURATION) 2 DAYS

Contributory (Primary.) Acute Enteritis

(DURATION) 6 DAYS

(Signed) William Pillsbury M.D.

Address 801 York Road

Date July 22nd 1908

Place of Burial Baltimore Cem.

Date July 22 1908

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C14198 Registered No. B C14198

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 329 Fillmore St (Homestead) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Clemens

{Residence, if in Baltimore, Give Street and Number.} 329 fillmore St.

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 28 1908

AGE: 0 years, 0 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H. Clemens

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna A Brewer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Clemens

(Address) 329 fillmore St.

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 21 1908

that I last saw h[illegible] alive on July 20 1908,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 24 DAYS

Con'tributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) Thatcher Fuller M.D.

Address 2228 Calvert St

Date July 22 1908

Place of Burial Baltimore Cem

Date July 22 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C14199 — Registered No. B 14199

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Brooke

{Residence, if in Baltimore, Give Street and Number.} "Walbert" Charles & Lafayette ave

Duration of Residence in Baltimore. 25 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U.S.A.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Brooke

(Address) Lafayette & Charles

Filed 7/22 1908 — HARRY C. ANDREWS PERMIT CLERK — Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 2d 1908 to July 31st 1908 that I last saw h in alive on July 20th 1908, and that death occurred, on the date stated above, at 11.0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia with Heart Failure

Indefinite (DURATION) ..... DAYS

Contributory (Primary.) Unreconciled Hernia (DURATION) 2 DAYS

(Signed) C. L. Ramsey M.D.

Address St. Lukes Hospital

Date July 21st 1908

Place of Burial Loudon Park

Date July 23/08 1908

Undertaker Wm. Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C14200 Registered No. B C14200

# CERTIFICATE OF DEATH.

(Place of Death.) No. 637 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jessee P. Brown

{ Residence, if in Baltimore, Give Street and Number. } 637 Dover St.

Duration of Residence in Baltimore. 9 Month

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Saml. P. Brown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Leona Traden

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leona P. Woods.

(Address) 637 Dover St

Filed 7/22 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ... DAYS

Contributory (Primary.) ? Inquest to be held (DURATION) ... DAYS

(Signed) Ronald T. Abercrombie

Address Coroner

Date July 21 1908

Place of Burial Sandy Bottom Va

Date July 23/08 190 ...

Undertaker Tom Cook

Address 602 E. Hanover

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — C14201 — Registered No. B C14201

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2103 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Ernest.

{ Residence, if in Baltimore, Give Street and Number. } 2103 Booth St.

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 16 1908.

AGE ..... years, 3 months, 6 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Geo Ernest

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ida. May Hagaman

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida May Ernest

(Address) 2103 Booth St.

Filed 7/22 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 21 1908

that I last saw h[illegible] alive on July 21 1908.,

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, inanition

(DURATION) 2 DAYS

Contributory (Primary.) Enteritis

(DURATION) 14 DAYS

(Signed) J. Judson Miller M.D.

Address 2029 W. Balto St.

Date July 22 1908.

Place of Burial Western Cemetery

Date July 23rd 1908

Undertaker George A Gerber

Address 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 14202 Registered No. B C 14202

176

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Claude B. Forrest

{ Residence, if in Baltimore, Give Street and Number. } Brunswick, Fred. Co. Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Geo. H. Forrest

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sara Koontz

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Forrest

(Address) - -

Filed 7/22" 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(due to two pistol shot wounds in abdomen) Case turned over to Knoxville, Md. authorities where shooting occurred.

Contributory (Primary) (Homicide) a.o.f. (DURATION) DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date July 22 1908 Frederick Co.

Place of Burial Brunswick Md.

Date July 22nd 1908

Undertaker E. Schuman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14203 Registered No. B C14203

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Bernhardt

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) N.J.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday

(Address) BAY VIEW ASYLUM.

Filed 7/22 1908

MARY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to July 20 1908

that I last saw h er alive on July 20 1908,

and that death occurred, on the date stated above, at 2 20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) R. H. Baker M.D.

Address Bay View Hosp.

Date July 20 1908

Place of Burial Sacred Heart

Date JUL 22 1908 190

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14204 Registered No. B C14204

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 928 E Eager st St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Augustus H Miller

{Residence, if in Baltimore, Give Street and Number.} 928 E Eager st

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 19 1870

AGE 37 years, 7 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Herman Miller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Zulauf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth N. Miller

(Address) 928 E Eager st

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 21st 1908

that I last saw h in alive on July 20th 1908

and that death occurred, on the date stated above, at 5.50 a. m. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) DAY

Contributory (Primary.) Chronic

Pleurisy (DURATION) DAY

(Signed) Jno. Brooke Boyle M.D.

Address 104 E. Madison

Date July 21st 1908

Place of Burial London Park Cemetery

Date July 23rd 1908

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14205 Registered No. B C14205

112

# CERTIFICATE OF DEATH.

(Place of Death.) No. 617 Clifton Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Kappe Sr

{Residence, if in Baltimore, Give Street and Number.} 617 Clifton Place

Duration of Residence in Baltimore. 43 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR W

DATE OF BIRTH Oct 30 1846

AGE 60 8 21
61 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Kappe

(Address) 617 Clifton Pl

Filed 7/22 1908 PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to July 20th 1908

that I last saw him alive on July 21 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirhosis of the Liver

(DURATION) 490 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Friedrich M.D.

Address 1.E. Biddle St.

Date July 22nd 1908

Place of Burial Baltimore Cemetery

Date July 23 1908

Undertaker Ralph Feldmann

Address 1422 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

GENERAL AFFIDAVIT.

# State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 8th day of September A. D. 1908, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid, personally appeared

Margaret Kamm

and made oath in due form of law that Henry Kamm was born in Germany October 30th 1847 and died in Baltimore Maryland July 21st 1908. at the age of 60 yrs. 8 mos and 21 days and the age stated in the death certificate was not correct.

H. E. Brown J. P.


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setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether single, married or widowed), occupation, birthplace of the person deceased, and the **cause and date of death.**

Ward V C14206 Registered No. B C14206

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1725 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin Adam Jerscheid

{Residence, if in Baltimore, Give Street and Number.} 1725 Bank

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: June 5th 1908 | |
| AGE: ..... years, 1 months, 15 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single | |
| BIRTHPLACE (State or country): Baltimore | |
| FULL NAME OF FATHER: Adam Jerscheid | |
| BIRTHPLACE OF FATHER (State or country): Baltimore | |
| MAIDEN NAME OF MOTHER: Caroline E. Emmerman | |
| BIRTHPLACE OF MOTHER (State or country): Baltimore | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Jerscheid

(Address) 1725 Bank St.

Filed 7/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 20 1908 that I last saw h.. alive on July 20 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) ..... DAYS

Con'ributory (Primary.) Gastro-intestinal indigestion (DURATION) ..... DAYS

(Signed) Albertus Cotton M.D.

Address 1528 E Balto

Date July 21 1908

Place of Burial Mt Carmel

Date July 21st 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 C14207 Registered No. B C14207

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 425 E Aliceanna St. (If Death occurred in Hospitel or Institution, give its Name instead of Strect and Number.)

Full Name Mildred V. Ferguson.

{ Residence, if in Baltimore, Give Street and Number. } 425 E Aliceanna st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jos R Thomas

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Laura Bennett

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 W. Lombard

Filed 7/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1908 to Jan 21st 1908 that I last saw h-- alive on Jan 21st 1908, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum
with convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1425 Lloyd st

Date July 21st 1908

Place of Burial Cedar Hill

Date July 23d 1908

Undertaker John J Fields

Address 120 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C14208 Registered No. B C14208

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 786 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Gast

{Residence, if in Baltimore, Give Street and Number.} 786 Columbia Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 14 1908

AGE — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bald Md

FULL NAME OF FATHER Charles Gast

BIRTHPLACE OF FATHER (State or country) Germany —

MAIDEN NAME OF MOTHER Amy Heise

BIRTHPLACE OF MOTHER (State or country) Md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Gast

(Address) 786 Columbia Ave

Filed 7/22 1908 HARRY G. T. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 21 1908

that I last saw her alive on July 21 1908

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion —

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Gumpel M.D.

Address 517 Lemmon

Date July 22 1908

Place of Burial Mt. Carmel Cem.

Date July 22 1908

Undertaker R. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

# CERTIFICATE OF DEATH.

Registered No. B C14209

City of Baltimore, (No. 216 N. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriett D. Jones. (Jones)

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct (Month) 9 (Day) 1867 (Year)

AGE 40 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Albert Jones

BIRTHPLACE OF FATHER (State or country) Md —

MAIDEN NAME OF MOTHER Margaret A. Poole

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. D. Jones

(Address) Hotel Sherwood

Filed 7/22 1908 HARRY C. ARLERS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21st 1908 to July 21st 1908 that I last saw her alive on July 21st 1908, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Concussion from Cerebral hemorrhage

(DURATION) 3 hours DAYS

Contributory Cerebral brain lesion

for number of years (DURATION) — DAYS

(Signed) R. B. Warfield M. D.

July 22nd 1908 (Address) 845 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL July 23 1908

UNDERTAKER E. M. Mitchell | ADDRESS 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 014210

City of Baltimore, (No. 2921 E Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederic tar H Clarke

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar (Month) 5 (Day) 1860 (Year)

AGE: 48 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Lambert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cath. Schimmar

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos S. Clark

(Address) 2921 E Baltimore St.

Filed 7/22 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to July 20 1908 that I last saw her alive on July 20 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus 7 Long Standing

Malaria

(DURATION) 7 days

Contributory Sclerosis Coronary Cardiac Paresis (DURATION) DAYS

(Signed) Walter Thomas M. D.

July 21 1908 (Address) 1228 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: July 23 1908

UNDERTAKER: Jno. A. Moran — ADDRESS: Bank & Amity

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 14211

City of Baltimore, No. 1108 Madison ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fredrick Wentzenbuker

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: November (Month) ..... (Day) 1850 (Year)

AGE: 58 years, 6 months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: Dr. Wm. J. Wentzenbuker.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Sarah Thomas.

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: don't know.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Mrs. J. D. Snell

(Address) 1126 Madison Ave

Filed 7/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to July 21 1908 that I last saw her alive on July 21 1908, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Appendicitis causing pelvic abscess, Operation May 29 Asthenia, General break down (DURATION) 57 DAYS

Contributory Age & condition of digestive organs (DURATION) 57 DAYS

(Signed) T. A. Ashby M. D.

July 22 1908 (Address) 1125 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park. | July 24, 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Geo. J. Smith Co. | 100 W. Fayette st. |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C14212 Registered No. B C14212 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith Harris.

{ Residence, if in Baltimore, Give Street and Number. } 859 Rabng St

Duration of Residence in Baltimore. 8 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR W.

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Harris

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Lena Magatte.

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lecail Hyman

(Address) 118 Albemarle St,

Filed 7/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from 7/21 1908 to 7/22 1908 that I last saw h[illegible] alive on 7/22 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Lobar Pneumonia

(DURATION) 2 DAYS

(Signed) J St Bud M.D.

Address University Hosp.

Date July 23 1908

Place of Burial Rosedale Cemetery

Date July 23 1908.

Undertaker Wm Grimes - Carroll

Address 1227 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 14213 (14213)

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. Mary Land Homoeo. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant Boy Lee Beale

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 3 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 18, 1908.

AGE: — years, — months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sue Beale

BIRTHPLACE OF MOTHER (State or country): Marmusco Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Beale

(Address) 2203 N. Chas St.

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21, 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 21 1908 that I last saw h Lr alive on July 21 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.)

Meningitis (DURATION) 3 DAYS

(Signed) J. W. Beale M.D.

Address 2203 N. Chas.

Date July 21, 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 22 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B 014214

014214

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jessie Halling

{Residence, if in Baltimore, Give Street and Number.} 1405 Jefferson Street

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21" 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 21" 1908

that I last saw h... alive on July 21 1908

and that death occurred, on the date stated above, at 6.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date July 22 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUL 22 1908

Date ... 190...

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1, 51

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Ward 2 — C14215 — Registered No. B C14215

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 China St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 151

Full Name Evaline Pughe

{Residence, if in Baltimore, Give Street and Number.} 1126 China St

Duration of Residence in Baltimore. 1 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 18 1908

AGE: — years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): A A. Co Md.

FULL NAME OF FATHER: Moses Pughe

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Annie Campbell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Pughe (mother)

(Address) 1126 China St

Filed 7/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date July 22 1908

Place of Burial Mt. Auburn Cem.

Date July 23 1908

Undertaker John H. Toadvin

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14216 Registered No. B C14216

# CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1411 Lemon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cora V. Rhone

{Residence, if in Baltimore, Give Street and Number.} 1411 Lemon St

Duration of Residence in Baltimore. 4 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Nov 16th 1892

AGE 15 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Wm Rhone

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Armstrong

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Alice Rhone

(Address) 1411 Lemon St

Filed 1/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 15th 1908 to July 21st 1908 that I last saw her alive on July 21st 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

[redacted]stitis (DURATION) 36 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) H. C. Quick M.D.

Address 1313 W North Ave

Date July 21st 1908

Place of Burial Mt. Auburn Cem.

Date July 23rd 1908

Undertaker John H. Treadwin

Address 1412 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14217 Registered No. B C14217

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 661 W Lee St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Walter Winkel

{ Residence, if in Baltimore, Give Street and Number. } 661 W Lee St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 3 1908

AGE — years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jos. A. Winkel.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Nellie Neuman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. A Winkel

(Address) 661 W. Lee st.

Filed 7/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 21 1908

that I last saw h alive on July 21 1908,

and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

3 hours (DURATION) DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 3 DAYS

(Signed) M C Hullinger M.D.

Address 802 S. Edmondt

Date July 21 1908.

Place of Burial New Cathedral Cemetery

Date July 23 1908

Undertaker James Dignan & Sons.

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14218 Registered No. B C14218

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 959 North Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua S. Hutchinson

{Residence, if in Baltimore, Give Street and Number.} 959 N. Wolfe st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 4, 1844

AGE 64 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER John Hutchinson

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Stairbuilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard L. Hutchinson

(Address) 959 N. Wolfe st

Filed 7/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to July 21 1908 that I last saw him alive on July 21 1908, and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

- Intestinal Hemorrhage -

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of Intestines (DURATION) 3 Months

(Signed) A. C. Gillis, M.D.

Address 1519 N. Carolina St.

Date July 23, 1908

Place of Burial Baltimore County

Date July 26, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B 014219

City of Baltimore, (No. 113, Jr. Oxford St.; 24th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William S. Morningstar

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 2 (Day) 1908 (Year)

AGE: — years, 2 months, 19 days

SINGLE, ~~MARRIED~~, WI~~DOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chas Morningstar

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rosina Richman

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Morningstar

(Address) 113 N Oxford St

Filed 7/23 1908

DEPT. OF ANDREWS
PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 21 1908 that I last saw h~~im~~ alive on July 21 1908, and that death occurred, on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

Ileo-Colitis

(DURATION) 36 DAYS

Contributory

(DURATION) DAYS

(Signed) B. F. Phicciphus M. D.

July 22 1908 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 23 1908

UNDERTAKER: Joseph H Cook — ADDRESS: 1003 N Bell

Ward 14 C14220 Registered No. B C14220

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Hack

{ Residence, if in Baltimore, Give Street and Number. } 1319 W. Pratt st

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 17 1837

AGE 71 years, 1 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Augusta Ellis Holland

(Address) 319 S. Woodyear St

Filed 7/23 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 22 1908 that I last saw h— alive on July 22 1908 and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate)

Intermittis of old age

(DURATION) DAYS

Contributory (Primary.) Hathenia

(DURATION) DAYS

(Signed) J. le Baynard M.D.

Address 1302 W. Lombard st

Date July 22 1908

Place of Burial London Park

Date July 25 1908

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C14221 Registered No. B C14221

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis K. Johnson

{Residence, if in Baltimore, Give Street and Number:} Havre de Grace, Md.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Havre de Grace

FULL NAME OF FATHER: John C. Johnson

BIRTHPLACE OF FATHER (State or country): Havre de Grace

MAIDEN NAME OF MOTHER: Katie Wilson

BIRTHPLACE OF MOTHER (State or country): Lapidum Harford Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Johnson

(Address) Havre de Grace Md

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 23 1908 that I last saw h in alive on July 23 1908, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea.

(DURATION) DAYS

Contributory (Primary) Intestinal obstruction (DURATION) DAYS

(Signed) Wm. J. Schmitz M.D.

Address City Hospital

Date July 23 1908

Place of Burial Havre de Grace Md

Date July 23rd 1908

Undertaker E. Schloeman & Son

Address 1059 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C14222 Registered No. B C14222

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2643 Bernard Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Gordon Scott

{Residence, if in Baltimore, Give Street and Number.} 2643 Bernard Av

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 29th 1908

AGE — years, 6 months, 23 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank J. Scott

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Laura A Moore

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura A Scott

(Address) 2643 Bernard Av

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 22 1908 that I last saw h in alive on July 22 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral compression &
Eclampsia following
Summer Diarrhoea

(DURATION) 7 DAYS

Contributory (Primary) Insanity

Bright's Disease (DURATION) Life DAYS

(Signed) Wm H. Feldenheimer M.D.

Address 808 N Ave

Date July 23rd 1908

Place of Burial Holy Cathedral

Date July 23 1908

Undertaker C A Winkofield

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... in **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ... as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ... **and date of death.**

Ward 14 C14223 Registered No. B C14223

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Mary.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white.

DATE OF BIRTH: 1908

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address) c/o Division & Fayette Sts.

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 20 1908 that I last saw h im alive on July 21 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Patrick F. Martin. M.D.

Address 1002 W. Fayette St.

Date July 22nd. 1908.

Place of Burial New Cathedral

Date July 23d. 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14224 Registered No. B C14224

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Anthony Wisdom.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | white |

DATE OF BIRTH: June 6th 1908

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: neg.

BIRTHPLACE OF FATHER (State or country): neg

MAIDEN NAME OF MOTHER: neg

BIRTHPLACE OF MOTHER (State or country): neg.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address) E Division & Fayette St.

Filed 7/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 20 1908 that I last saw him alive on July 20 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. J. Fischer M.D. Per. Wm. J. Dillon M.D.

Address 9 E. Biddle St.

Date July 21st 1908.

Place of Burial New Cathedral

Date July 23d 1908

Undertaker Martin Fahy & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CL4225

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CL4225

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1011 W. North Ave St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Martin Davis

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | white |
| DATE OF BIRTH | July — 18 1870 (Month) (Day) (Year) |
| AGE | 38 years, — months, 4 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Baltimore City |
| FULL NAME OF FATHER | Wm Thomas Davis |
| BIRTHPLACE OF FATHER (State or country) | Baltimore City |
| MAIDEN NAME OF MOTHER | Sarah Ann Haines |
| BIRTHPLACE OF MOTHER (State or country) | Balto City |
| OCCUPATION OF DECEASED | Electrical Engineer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Davis

(Address) 1011 W. North Ave

Filed 7/23 1908

[WM. J. C. DULANY, PERMIT CLERK.]

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July — 22 — 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 22 1908 that I last saw h[illegible] alive on July 21 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Phthisis. —

(DURATION) ? DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wilbur P. Stubbs M. D.

July 22 1908 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cemetery | July 24 1908 |
| UNDERTAKER | ADDRESS |
| Ford & McLean | 8 E Baltimore St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C14226

Ward 23 — C14226 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Kaufman Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James L. Osburn

{Residence, if in Baltimore, Give Street and Number.} 21 Kaufman Court

Duration of Residence in Baltimore. Infant

## PERSONAL AND STATISTICAL PARTICULARS

SEX X Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Osburn

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary C. Miller

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Osburn

(Address) 21 Kaufman Court

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 22 1908 that I last saw him alive on July 22 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

Convulsions

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Hammond Lusk M.D.

Address 535 Lyndhurst

Date July 22 1908

Place of Burial Holy Cross Cemetery C. C.

Date July 23 1908

Undertaker W. J. M. S. Flynn

Address 42 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 014227

014227

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 735 S Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Didzonetta

{Residence, if in Baltimore, Give Street and Number.} 735 S Montford ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6 1908

AGE ____ years, ____ months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas Didzonetta

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Dora H Mankins

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora Didzonetta

(Address) 735 S Montford ave

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 22 1908

that I last saw h[illegible] alive on July 21 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1. Exhaustion

(Premature twin)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Hutton M.D.

Address 1711 E Baltimore

Date July 22nd 1908

Place of Burial Emmanuel Cemetery

Date July 23 1908

Undertaker Louis Heumann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 27

# CERTIFICATE OF DEATH.

(Place of Death.) No Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles E. Williams

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: M. | COLOR: B. |
| DATE OF BIRTH: 1 | |
| AGE: 58 years, — months, — days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: W. | |
| BIRTHPLACE (State or country): Va. | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: Laborer | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Bailey, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/23 1908 HARRY D. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 21 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to July 23 21 1908

that I last saw him alive on July 23 1908, and that death occurred, on the date stated above, at 5.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis

—

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. H. Eakin M.D.

Address Bay View Hospital

Date July 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 23 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

P 1/

Ward ..... 014229 Registered No. B .....

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Spencer

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/23 1908

HARRY J. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 22 1908 that I last saw h alive on July 22 1908, and that death occurred, on the date stated above, at 6:10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis

— (DURATION) — DAYS

Contributory (Primary.) Exhaustion.

— (DURATION) — DAYS

(Signed) W. H. Baker M.D.

Address Bay View Hospital

Date July 22 1908

Place of Burial JOHNS HOPKINS HOSPITAL,

Date JUL 23 1908 1908

Undertaker G. L. Hurley

Address C/51 N. Mount

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., Baltimore.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14230

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14230

City of Baltimore, (No. ~~676~~ 2712, Grisby St - Waverly St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Eddlen

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 7 (Month) 1820 (Day) (Year)

AGE: 88 years, ~~5~~ months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Gemany

FULL NAME OF FATHER: Barthuna Smisler.

BIRTHPLACE OF FATHER (State or country): Gemany.

MAIDEN NAME OF MOTHER: Charlotte Hemeyer.

BIRTHPLACE OF MOTHER (State or country): Gemany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. E. Edelen

(Address) 2712 Frisby St

Filed 7/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 22 1908 that I last saw h~~er~~ alive on July 21 1908, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Old age. Cond. Arteriosclerosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) A W Gaddess M. D.

7/23/08 190 (Address) 2631 Greenmount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | July 24 1908 |
| UNDERTAKER | ADDRESS |
| Mrs A Rohde Son | 730 Pa Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

C14231 C14231

Ward ..... Registered No. B ..... 108

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1909 Asquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Eugene Dundy

{Residence, if in Baltimore, Give Street and Number.} 1909 Asquith St.

Duration of Residence in Baltimore. Since Birth.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: May 19 1908

AGE: 0 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Walter Ray Dundy

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary F. Jones

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dundy m

(Address) 1909 Asquith St

Filed 7/23 1908 R.K.K. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 22 1908 that I last saw h alive on July 22 1908 and that death occurred, on the date stated above, at 7:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia

(DURATION) 7 DAYS

Contributory (Primary.) Incarcerated Ing Hernia (DURATION) , DAYS

(Signed) Thatcher Miller M.D.

Address 2228 Calvert St.

Date July 23 1908

Place of Burial Laurel Md

Date July 23 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 014232 Registered No. B ..... 014232

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2412 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza P. Webster

{ Residence, if in Baltimore, Give Street and Number. } 2412 Jefferson st

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 19 1836

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Lancaster County Va

FULL NAME OF FATHER H James

BIRTHPLACE OF FATHER (State or country) Lancaster County Va

MAIDEN NAME OF MOTHER D. Deems

BIRTHPLACE OF MOTHER (State or country) Lancaster County Va

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Crudler

(Address) 2412 Jefferson St

Filed 7/23 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1908

I HEREBY CERTIFY, That I attended deceased from February 1908 to July 21st 1908 that I last saw her alive on July 21st 1908, and that death occurred, on the date stated above, at 9.36 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Monmouth Rowe M.D.

Address 1835 E Baltimore St.

Date July 23rd 1908

Place of Burial White Stone Lancaster Co Va

Date July 25 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14233 Registered No. B C14233

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1208 Peabody St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gustav A. Hensel

{Residence, if in Baltimore, Give Street and Number.} 1208 Peabody St

Duration of Residence in Baltimore. 17 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 16 1862

AGE: 45 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Karl Hensel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Mintz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hensel (wife)

(Address) 1208 Peabody St

Filed 7/23 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 22 1908 that I last saw him alive on July 22 1908 and that death occurred, on the date stated above, at 8 00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of Heart (Aortic Regurgitation)

(DURATION) Unknown DAYS

Contributory (Primary.) Asthenia (DURATION) 2 DAYS

(Signed) Wilbur Thayer M.D.

Address 1407 Bay

Date July 23 1908

Place of Burial Baltimore Cemetary

Date July 25 1908

Undertaker Christian Miller

Address 2336 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14234 Registered No. B C14234

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. The Plaza, Cor Park av. & Wilson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hannah R. Janney

{ Residence, if in Baltimore, Give Street and Number. } The Plaza

Duration of Residence in Baltimore. 34 yrs

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Sept. 7, 1816. ~~1908~~

AGE 91 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Washington, D.C.

FULL NAME OF FATHER Joseph L. Schofield

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Mary ~~Beto~~ Russell

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr O.E. Janney

(Address) 703 Newington Ave

Filed 7/23 1908

MARIE C. ANDERSON PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21, 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 21 1908 that I last saw h alive on July 21 1908, and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney M.D.

Address 837 N. Eutaw St

Date July 22. 1908

Place of Burial Friends Cem.

Date July 23 1908

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

St.

Ward 9

C14235

Registered No. B C14235

# CERTIFICATE OF DEATH. 134

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie May Arrings

{Residence, if in Baltimore, Give Street and Number.} 1903 Edmonson Ave

Duration of Residence in Baltimore. Whole life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 21 1879

AGE 28 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Alex Arrings

BIRTHPLACE OF FATHER (State or country) Abbottstown Pa

MAIDEN NAME OF MOTHER Emilie Fisher

BIRTHPLACE OF MOTHER (State or country) Hanover Pa

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Frederick Arrings

(Address) 1903 Edmondson Ave

Filed 7/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/22/08 190

I HEREBY CERTIFY, That I attended deceased from 7/19/08 190 to 7/22/08 190 that I last saw h alive on 7/22/08 190, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Ectopic pregnancy

4 months. (DURATION) DAYS

(Signed) Chas. Duffy M.D.

Address Franklin Sq. Hosp

Date 7/22/08 190

Place of Burial Woodlawn Cem

Date July 24 1908

Undertaker Robt. Brookeman

Address 178 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 014236 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cains

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Bmore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH March - 1908

AGE ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 7/23 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 5 1908 to July 22 1908 that I last saw h.. alive on July 22 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 3 Mos 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Ellis M.D.

Address 15-19 N. Carolina St.

Date July 23 1908

Place of Burial Cathedral Cemetery

Date July 23 1908

Undertaker Felix Pope

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14237 Registered No. B

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1117 Barclay Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Genevieve F. Dougan

{Residence, if in Baltimore, Give Street and Number.} 1117 Barclay St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb 11, 1889

AGE 19 years, 5 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Owen F. Dougan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mamie E. Collins

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1117 Barclay St.

Filed 7/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 21 1908 that I last saw h[illegible] alive on July 21 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis about 2 years (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date July 23 1908

Place of Burial Cathedral

Date July 24. 1908

Undertaker H. C. Friedfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14238

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14238

Registered No. B .....

City of Baltimore, (No. 427 Lorraine Ave. 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Joseph McCluskey

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept 7 1855 (Month) (Day) (Year) |
| AGE | 53 years, 10 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | America |
| FULL NAME OF FATHER | Thomas Joseph McCluskey |
| BIRTHPLACE OF FATHER (State or country) | County Tyrone Ireland |
| MAIDEN NAME OF MOTHER | Mary Phyllips |
| BIRTHPLACE OF MOTHER (State or country) | County Tyrone Ireland |
| OCCUPATION OF DECEASED | General Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas N. Percival

(Address) 427 Lorraine ave

Filed 7/23 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 20 1908 that I last saw him alive on July 20 1908, and that death occurred, on the date stated above, at 4.2 a.m. The CAUSE OF DEATH was as follows:

Arteriosclerosis

( ) (DURATION) DAYS

Contributory Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) Howard E. Woodcock M.D.

July 21 1908 (Address) 730 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral | July 24 1908 |
| UNDERTAKER | ADDRESS |
| N. C. Windefeld | 914 Greenmount Ave |

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

# CERTIFICATE OF DEATH.

Registered No. B 014239

City of Baltimore, (No. 186 Old York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lacey

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 77 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John P. Lacey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cath Davis

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 186 Old York Road

Filed 7/23 1908

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 29th 1908 to July 22nd 1908 that I last saw him alive on July 22nd 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 9 mo. ~~DAYS~~

Contributory Gastric Ulcer

(DURATION) 2 years ~~DAYS~~

(Signed) William J. Snessick M. D.

July 23rd 1908 (Address) 1606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Mary's, Gorsuch

DATE OF BURIAL: July 25, 1908

UNDERTAKER: H. C. Weidefeld

ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C14240 Registered No. B C14240

176

# CERTIFICATE OF DEATH.

(Place of Death.) No. 702 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. McQuaid

{Residence, if in Baltimore, Give Street and Number.} # 702 E. Monument St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 28th 1898

AGE 10 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER James F. McQuaid

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Elizabeth Barry

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F McQuaid

(Address) 936 E. Monument

Filed 7/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 19th 1908 to July 22nd 1908

that I last saw h alive on July 22nd 1908

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Trauma

(DURATION) DAYS

(Signed) John L Duck M.D.

Address #936 E Monument St

Date July 22nd 1908

Place of Burial St Peters

Date July 25 1908

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

(over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CLASSIFICATION OF DISEASES.

C 14240

### I. GENERAL DISEASES.

*(A.) Epidemic diseases.*

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

*(B.) Other general diseases.*

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and charbon
23. Rabies
24. Actinomycosis, trichinosis, etc.
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningitis
29. Abdominal tuberculosis
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other organs
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrbea of the adult
38. Gonorrheal infectious of children
39. Cancer of mouth
40. Cancer of stomach and liver
41. Cancer of intestines and peritoneum
42. Cancer of genital organs
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecified organs
46. Tumor (noncancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54 Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxications
59. Other chronic poisonings
55 Other general diseases

### II. DISEASES OF THE NERVOUS SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
62 Other diseases of spinal cord
64 Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea
74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

### III. DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis
78. Endocarditis
79. Heart disease
80. Angina pectoris
81. Diseases of arteries
82. Embolism and thrombosis
83. Diseases of veins
84. Diseases of lymphatics,
85. Hemorrhages (except of lungs)
86. Other diseases of circulatory system

### IV. DISEASES OF THE RESPIRATORY SYSTEM.

87. Diseases of nasal fossae
88. { Laryngitis / Other diseases of larynx
89. Diseases of the thyroid body
90. Acute bronchitis
91. Chronic bronchitis
92. Bronchopneumonia
93. Pneumonia
94. Pleurisy
95. Congestion of lungs
96. Gangreue of lungs
97. Asthma
98. Emphysema
99. { Hemorrhage of lungs / Other diseases of respiratory system

### V. DISEASES OF THE DIGESTIVE SYSTEM.

100. Diseases of month
101. { Tonsilitis / Diseases of pharynx
102. Diseases of esophagus
103. Ulcer of stomach
104. { Gastritis / Other diseases of stomach
..... Dentition
105. Diarrhea and enteritis (under 2 years)
106. Diarrhea and enteritis (2 years and over)
107. Intestinal parasites
108. { Hernia / Obstruction of intestines
109. Other diseases of intestines
110. Acute yellow atrophy of liver
111. Hydatid tumors of liver
112. Cirrhosis of liver
113. Biliary calculi
114. Other diseases of liver
115. Diseases of spleen
116. Peritonitis (nonpuerperal)
118. Appendicitis
117. Other diseases of digestive system

### VI. DISEASES OF THE GENITO-URINARY SYSTEM.

119. Acute nephritis
120. Bright's disease
121. Other diseases of kidneys
122. Calculi of urinary tract
123. Diseases of bladder
124. Diseases of urethra, urinary abscess, etc.
125. Diseases of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. { Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

### VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens
140. Other puerperal accidents
141. Puerperal diseases of the breast

### VIII. DISEASES OF THE SKIN.

142. Gangrene
143. Carbuncle
144. Abscess
145. Other diseases of skin

### IX. DISEASES OF THE LOCOMOTOR SYSTEM.

146. Diseases of bones
147. Diseases of joints
148. Amputation
149. Other diseases of organs of locomotion

### X. MALFORMATIONS.

150. { Hydrocephalus / Congenital malformation of heart cyanosis / Other congenital malformations

### XI. EARLY INFANCY.

151. { Premature birth / Congenital debility
152. Other diseases of early infancy
153. Lack of care

### XII. OLD AGE.

154. Old age

### XIII. VIOLENCE.

155. Suicide by poison
156. Suicide by asphyxia
157. Suicide by hanging or strangulation
158. Suicide by drowning
159. Suicide by firearms
160. Suicide by cutting instruments
161. Suicide by jumping from high places
162. Suicide by crushing
163. Other suicides
164. Fractures
165. Dislocations
167. Burns and scalds
168. Burning by corrosive substances
169. Heat and sunstroke
170. Cold and freezing
171. Lightning
172. Drowning
173. Starvation, privation, etc.
174. Inhalation of poisonous gases
175. Other accideutal poisonings
166. { Accidental gunshot wounds / Injuries by machinery / Injuries in mines and quarries / Railroad accidents and injuries / Injuries by horses and vehicles / Other accidental traumatisms
176. { Suffocation / Injuries at birth / Homicide / Other external violence

### XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death
179. { Heart failure / Inanition (over 3 months) / Debility (over 3 months) / Marasmus (over 3 months) / Fever / Other ill-defined diseases / Unknown

This boy was struck on head with brick by one of boys while at play, by same one of boys mentioned - and from effects of injuries received was - accidental - and I am satisfied was done with no criminal intent. Dr. Public Hosp.

This boy was struck on head with brick by one of boys while at play.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

118

# CERTIFICATE OF DEATH.

C14241

Registered No. B.....

City of Baltimore, (No. Bidder & Altman Sts.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Charles Goetz

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 10 1889 (Month) (Day) (Year)

AGE: 18 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas G Goetz

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Minnie Black

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kuntz

(Address) 1300 N Fulton ave

Filed 7/23 1908 Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22, (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 7/18 1908 to 7/22 1908 that I last saw h im alive on 7/22 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Appendicitis.

(DURATION) — DAYS

Contributory Peritonitis

(DURATION) 3 DAYS

(Signed) G. W. Wortley M. D

July 22 1908 (Address) 2203 N. Chas. St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1300 N Fulton ave — How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | July 24 1908 |
| UNDERTAKER | ADDRESS |
| Geo Benz | 554 N Bradford |

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

I. GENERA
(A.) Epide
1. Typhoid fever
2. Exanthematic ty
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic d
(B.) Other ge
20. Septicemia
21. Glanders and farc
22. Malignant pustul
23. Rabies
24. Actinomycosis, t
25. Pellagra
27. Tuberculosis of l
28. Tuberculosis of l
28. Tuberculous men
29. Abdominal tuber
30. Pott's disease
31. Tuberculous absc
32. White swelling
33. Tuberculosis of o
34. Geueral tubercul
35. Scrofula
36. Syphilis
37. Gonorrhea of the
38. Gonorrheal infect
39. Cancer of mouth
40. Cancer of stomac
41. Cancer of intesti
42. Cancer of genital
43. Cancer of breast
44. Cancer of skin
45. Cancer of other o
46. Tumor (noncance
47. Acute articular rh
48. Chronic rheumati
49. Scurvy
50. Diabetes
51. Exophthalmic go
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professiona
59. Other chronic po
55. Other geueral dis
II. DISEASES O
SYS
60. Encephalitis
61. Meningitis
62. Locomotor ataxia
62. Other diseases of
64. Apoplexy
65. Softening of brai
66. Paralysis
67. General paralysis
68. Other forms of in
69. Epilepsy
70. Convulsions (non
71. Convulsions of c
72. Tetanus
73. Chorea

Ward 10 C14242 Registered No. B C14242

# CERTIFICATE OF DEATH. 106

(Place of Death.) No. 2510 Salem St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benedict M. Kreiner.

{Residence, if in Baltimore, Give Street and Number.} 2510 Salem, St.

Duration of Residence in Baltimore. 28 Year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 6 1872

AGE: 36 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Seimon Kreiner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cathrien Hock

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Theresea Kreiner

(Address) 2510 Salem St

Filed 7/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1908

I HEREBY CERTIFY, That I attended deceased from July 17, 1908 to July 22, 1908 that I last saw him alive on July 22, 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Intestinal Catarrh

(DURATION) 5 DAYS

Contributory (Primary.) Unknown.

(DURATION) ____ DAYS

(Signed) Albert T. Chambers M.D.

Address 614 S. Paca St.

Date July 23, 1908

Place of Burial Mt. Olivet

Date July 24th 1908

Undertaker Geo Bonk

Address 534 N Bridle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C14243

# CERTIFICATE OF DEATH.

(Place of Death.) No. 726 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Sinnickxman

{Residence, if in Baltimore, Give Street and Number.} 726 W Lexington st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Conrad Walker

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Sinnickxman

(Address) 726 W Lexington st.

Filed 7/23 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 22 1908 that I last saw h[er] alive on July 22 1908 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

6 months (DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 7 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia Av

Date July 22 1908

Place of Burial Centerwell Queen Anne Co Md

Date July 24 1908

Undertaker H. C. Branning & Son

Address 5 & 7 Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14244 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2700 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Dorn

{Residence, if in Baltimore, Give Street and Number.} 2700 Elliott St.

Duration of Residence in Baltimore. 48 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Dorn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Dairyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Connolley

(Address) 2700 Elliott St

Filed 7/24" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to July 23, 1908

that I last saw h im alive on July 23, 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis (DURATION) unknown DAYS

Contributory (Primary)

Nephritis (DURATION) 3 mos. DAYS

(Signed) M. J. McAvoy M.D.

Address 939 S. Caton Ave

Date July 24 1908

Place of Burial St Patricks Cem

Date July 25 1908

Undertaker T. F. Kippel & Son

Address 230 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14245 Registered No. B

150a

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elias Mayer Shmaekler

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE years, 10 months, 14 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Henry Shmaekler

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Fox

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Shmaekler

(Address) Atlantic Pa

Filed 7/24/ 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1908

I HEREBY CERTIFY, That I attended deceased from July 20th 1908 to July 23 1908 that I last saw h in alive on July 23 1908 and that death occurred, on the date stated above, at 3.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Hydrocephalus
Surgical Operation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Kushner M.D.

Address 107 E. Chase St

Date 190

Place of Burial Philadelphia Pa

Date July 23d 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C14246 Registered No. B .....

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 915 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Stepanick

{Residence, if in Baltimore, Give Street and Number.} # 915 Fell St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Stepanick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Bandoh

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Stepanick

(Address) 915 Fell St

Filed 7/24 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 23 1908 that I last saw him alive on July 21 1908, and that death occurred, on the date stated above, at 2½ A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 24 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anne St

Date July 23 1908

Place of Burial Mt. Hamilton

Date JUL 24 1908 190

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14247 Registered No. B 38

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 S Charles St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lewis Alvin Mentzer

{ Residence, if in Baltimore, Give Street and Number. } 1831 S Charles St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 1 1908

AGE ——— years, ——— months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Lillie Mentzer

BIRTHPLACE OF FATHER (State or country) Mt Airy Md

MAIDEN NAME OF MOTHER Bertha Hinkle

BIRTHPLACE OF MOTHER (State or country) New Windsor Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Mentzer

(Address) 1831 So Charles St

Filed 7/24 1908 HARRY G. [illegible] Registrar, PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 23rd 1908 that I last saw h[illegible] alive on July 22 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Opthalmia

(DURATION) 18 DAYS

Contributory (Primary.) Meningitis (DURATION) DAYS

(Signed) T O'Donnell M.D.

Address 1340 S Charles

Date July 23 1908

Place of Burial Cedar Hill Cem

Date July 24 1908

Undertaker John T Tabler & Son

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14248

Ward 10 C14248 Registered No. C 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. ~~1718 Mulliken St~~ Thomas Wilson Sanitarium Mt. Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hill

Residence, Give Street and Number, 1718 Mulliken St.

Duration of Residence in Baltimore, 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | Black |

DATE OF BIRTH ..... 1

AGE ..... years, 2 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Calvin Hill

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sarah Dorsey

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Dorsey

(Address) 1718 Mulliken

Filed 7/24 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK

Remarks .....

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 22 1908 that I last saw h in alive on July 22 1908 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

Dyspeptic Diarrhea

(DURATION) 20 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. McKim Jr. M. D.

Address 924 Cathedral St

Date July 23 1908

Place of Burial Laurel Cemetery

Date July 24 1908

Undertaker R. S. Elliott Sons

Address 506 Rogers

Ward ..... C14249 Registered No. B ..... 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Doyle

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | F |
| COLOR | W. |
| DATE OF BIRTH | 1 |
| AGE | 57 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Ireland. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | " |
| MAIDEN NAME OF MOTHER | " |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/24 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 22 190 8

I HEREBY CERTIFY, That I attended deceased from July 14 190 8 to July 22 190 8 that I last saw h.. alive on July 22 190 8, and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W W Eskew M.D.

Address Bay View Hospital

Date July 23 190 8

Place of Burial Sacred Heart.

Date JUL 24 1908 190 —

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — Registered No. B 04250

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1814 E. Oliver St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estine Irene Wenning

{Residence, if in Baltimore, Give Street and Number.} 1814 E Oliver St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 15 1907

AGE ..... years, 11 months, 8 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William F Wenning

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emma L Stansbury

BIRTHPLACE OF MOTHER (State or country) Penn

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Wenning

(Address) 1814 E Oliver St

Filed 7/24 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 23 1908 that I last saw h-e alive on July 22 1908 and that death occurred, on the date stated above, at 11-10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumogastritis

(DURATION) 1 DAYS

Contributory (Primary.) Duodenitis

(DURATION) 2 mos 5 DAYS

(Signed) H. L. Gibson M.D.

Address 1732 E. Baltimore

Date July 23 1908

Place of Burial Bells Cemetary

Date July 24 1908

Undertaker Robert T. Turner

Address 1442 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14251 Registered No. B

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. 814 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Elizabeth Perry

{Residence, if in Baltimore, Give Street and Number.} 814 N. Carolina st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not known 1861

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bazzel Phillips

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catherine Zimmerman

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Honse work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura A. Phillips

(Address) 1047 Hillen st

Filed 7/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 23rd 1908 that I last saw her alive on July 22 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Brights Disease (DURATION) 30 DAYS

(Signed) J. L. Dennis M.D.

Address 30 S. Broadway

Date July 23rd 1908

Place of Burial Baltimore Comet.

Date July 25 1908

Undertaker Robert J. Lusman

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 014252 Registered No. B ..... 14

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Merrick

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Not known 1

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John R Merrick

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Kempster

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Shoe maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L W Clark

(Address) 1911 E Federal St

Filed 7/24 190 8

HARRY O. ARNOLD PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 23 1908 that I last saw h[illegible] alive on July 23 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

[illegible] Dysentery

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H H Eden M.D.

Address Bay View Hospital

Date 190

Place of Burial Mount Olivet

Date July 25 190 8

Undertaker Robert J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 014253 Registered No. B 014253

# CERTIFICATE OF DEATH. 17

(Place of Death.) No. 1305 Penna. Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Matilda Hopkins

{Residence, if in Baltimore, Give Street and Number.} 1305 Penna. Ave.

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Unknown 1

AGE: 27 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Chas. Harper Unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Curtis 50

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Mary Curtis

(Address) 523 N. McMechen St

Filed 7/24 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

of Unknown (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Dr. Carl Baltzin M.D.

Address 700 N. Lafayette Coroner

Date July 23 1908.

Place of Burial St. Peters Cem

Date July 25-th 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who may be notified to attend in case there was no Physician in attendance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14254 Registered No. B C14254

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Burton

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 1 1908

AGE: years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to July 23 1908 that I last saw h-- alive on July 23 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 6w DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. E. Burton M.D.

Address 222 E Eutaw St

Date July 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 23 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

147

Ward 8 — Registered No. B 14255

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1507 E North ave

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ellen B. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1507 E North ave

Duration of Residence in Baltimore. 56 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 23rd 1834

AGE: 74 years, 4 months, 0 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McConell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine McDonald

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert S Wilson

(Address) 1507 E North ave

Filed 7/24 1908 — Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 23rd 1908

I HEREBY CERTIFY, That I attended deceased from June 25th 1908 to July 28th 1908

that I last saw h alive on July 22nd 1908

and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cause of Cancer of Breast

(DURATION) 3 / DA

Contributory (Primary.) Cancer

(DURATION) DA

(Signed) Edward D Dennis M

Address 205 Aisquith c

Date July 23 1908 190

Place of Burial New Cathedral Cemetery

Date July 27th 1908 190

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 8

C14256 Registered No. B C14256

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Rhoda Nickel.

{Residence, if in Baltimore, Give Street and Number.} 1623 N. Milton Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh.

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: David Clemm

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Nickel

(Address) 1623 N. Milton Ave

Filed 7/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23, 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 23 1908

that I last saw h[illegible] alive on July 23 1908,

and that death occurred, on the date stated above, at 11 30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Suppurative phlebitis

(L. Leg)

(DURATION) DAYS

Contributory (Primary.) Unknown

(DURATION) DAYS

(DURATION) DAYS

(Signed) Peregrine Booth, Jr., M.D.

Address Union Prot. Inf.

Date July 23, 1908

Place of Burial Loudon Park

Date July 26/08 190

Undertaker Wm Cook

Address 602 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C14257 Registered No. B

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George ~~Gerlig~~ Gerbrick

{Residence, if in Baltimore, Give Street and Number.} 1619 Race Street

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 11th 1893

AGE: 5 years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Gerbrick

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mr Deherault

BIRTHPLACE OF MOTHER (State or country): France.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Gerbrick

(Address) 1619 Race St.

Filed 7/24 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho- Pneumonia

(DURATION) ... DAYS

Con'tributory (Primary.) Accident-

Amputation of rt. foot (DURATION) ... DAYS

(Signed) Donald T. Abercrombie

Address Coroner

Date July 22 1908

Place of Burial Loden Hill

Date July 24th 1908

Undertaker Jos. Stuntebeck

Address 1313 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14258 Registered No. B C14258

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1638 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G Smith

{ Residence, if in Baltimore, Give Street and Number. } 1638 S Charles.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 46 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Dalco - Md

FULL NAME OF FATHER Cudrem Smith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margeret Healey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1638 S. Charles St

Filed July 24 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 20th 1908 to July 22nd 1908 that I last saw h~~im~~ alive on July 22nd 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Harry Goss M D M.D.

Address 1340 S Charles

Date July 24 1908

Place of Burial Cathedral Cem

Date July 26 1908

Undertaker John J Conran

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 19 014253 Registered No. B 014259

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 822 First Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marshall N. Redman

{Residence, if in Baltimore, Give Street and Number.} 822 First Ave

Duration of Residence in Baltimore. 24 4

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Apr 18 1908 |
| AGE | 3 months 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto City |
| FULL NAME OF FATHER | Geo A Redman |
| BIRTHPLACE OF FATHER (State or country) | Balto. City |
| MAIDEN NAME OF MOTHER | Lilly M Stalnaker |
| BIRTHPLACE OF MOTHER (State or country) | Balto City |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A Redman

(Address) 822 First Ave

Filed July 24 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 23 1908 that I last saw him alive on July 23 1908, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Several DAYS

Contributory (Primary.) Enteritis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 907 Third ave

Date July 24 1908

Place of Burial Mt Mary N.

Date July 25 1908

Undertaker J. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C14260

Registered No. C C14260

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Home Nilson Sanitarium, Mt Nilson, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isador Philip Poller

Residence, Give Street and Number, 805 N. Carrollie St.

Duration of Residence in Baltimore, Nine months

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: October 10 1907

AGE: years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Louis Poller

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Pauline Levinson

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Sinai Jr

(Address) 924 Cathedral St

Filed 7/24 1908 HARRY O. ANDR... PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 23 1908

that I last saw h in alive on July 23 1908

and that death occurred, on the date stated above, at 12 Noon

M. CAUSE OF DEATH (Secondary or Immediate,)

Ileo colitis

(DURATION) 2 / DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J M Sinai Jr. M. D.

Address 924 Cathedral St.

Date July 24th 1908

Place of Burial Balto Hebrew Cem

Date July 24 1908

Undertaker Jacob Ahrens & Co

Address 1607 Madison

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 20 C14261 Registered No. B C14261

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 11 Mariott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andreas, Michael Pelikan

{Residence, if in Baltimore, Give Street and Number.} 11. Mariott St.

Duration of Residence in Baltimore. life-Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: February, 10th 1908.

AGE: ..... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Mich. Pelikan

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Kath. Yantz

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Pelikan

(Address) 11 Marriott St

Filed 7/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July, 23d 1908.

I HEREBY CERTIFY, That I attended deceased from July, 2d 1908 to July 23d 1908 that I last saw h~~im~~ alive on July, 22d 1908, and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

When called suffered from "Gastro-Enteritis," recovered but had a relapse about 6 days ago, whe~~n~~ (DURATION) 1w DAYS

Contributory (Primary.) died from Inanition (DURATION) DAYS

(Signed) Dr. Heldrich M.D.

Address 2151 Wilkens Ave

Date July 23d 1908.

Place of Burial Cathedral Cemetery

Date July 24th 1908.

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14262 Registered No. B14262

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 722 Courtney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Hart.

{ Residence, if in Baltimore, Give Street and Number. } 722 Courtney St.

Duration of Residence in Baltimore. 40 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1848

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Hart

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Hart

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose Hart

(Address) 722 Courtney St

Filed 7/24 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 aged 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmon Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Murray Lemmer M.D.

Address 1639 Broadway

Date July 24/08 190

Place of Burial Holy Cross.

Date July 25th 1908

Undertaker D. & M. Gaudlitz

Address Fulton & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C14263 Registered No. B C14263

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Hayden

{ Residence, if in Baltimore, Give Street and Number. } 1000 Orath St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 22 1908 that I last saw h Er alive on July 22 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock immediately following operation for intestinal obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Schmitt M.

Address City Hospital

Date July 23

Place of Burial JOHNS HOPKINS HOSPI

Date JUL 24 1908

Undertaker Commissioner Health,

per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURP

WM. J. C. DULANY CO., BALTIMORE.

149

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from, and that I last saw h alive on, and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate) notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C14264 Registered No. B C14264

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 21 E Lee St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Hale c

{Residence, if in Baltimore, Give Street and Number.} 21 E Lee St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH June 15 1908

AGE ——— years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Hale c

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Bessie Davis c

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Davis c mother

(Address) 21 E Lee St

Filed 7/24 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

City Hall

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h ——— alive on ——— 190

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Concussion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Reinhardt M.D.

Coroner

Address

Date July 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 24 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

149

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C14265 Registered No. B 113

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Nyce

{Residence, if in Baltimore, Give Street and Number.} 1321 Madison Ave.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Dec. 10 1838 ~~1838~~

AGE 70 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Charles Gwaltney

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Mary White.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Nyce

(Address) 1321 Madison Ave

Filed 7/24" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23, 1908

I HEREBY CERTIFY, That I attended deceased from July 7, 1908 to July 23 1908 that I last saw h.. alive on July 23 1908, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Obstruction of Chole-lithiasis (8 days before onset of Pneumonia) (DURATION) DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Prot. Inf.

Date July 23 1908

Place of Burial Greenmount Cem.

Date July 25th 1908

Undertaker Chas E Franck

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14266

Registered No. B.....

City of Baltimore, (No. 1026 Sharp St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Hille

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 13 (Day) 1900 (Year)

AGE: 6 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Herman H. Hille

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Henschen

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman H. Hille

(Address) 1026 Sharp st

Filed 7/24 "08

HARRY D. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 24 1908 that I last saw him alive on July 23 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Scarlet fever & Nephritis

(DURATION) ..... DAYS

Contributory Uraemic Coma

(DURATION) 1 DAYS

(Signed) Chas. L. Buddenbohn M. D.

190 (Address) 418 N. Paca st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: July 25 1908

UNDERTAKER: H Schlosman Son

ADDRESS: 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Funeral at 2 P.M. July 25/08

Ward 3 Registered No. B C14267

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 324 S. Dallas St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Infant of Celia Morris

{Residence, if in Baltimore, Give Street and Number.} 324 S. Dallas St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR Colored |
| DATE OF BIRTH | 1 |
| AGE | 2 hours<br>years, months, days |
| ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Chas Jackson |
| BIRTHPLACE OF FATHER (State or country) | Balto |
| MAIDEN NAME OF MOTHER | Celia Morris |
| BIRTHPLACE OF MOTHER (State or country) | Balto |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Morris

(Address) 324 S. Dallas St

Filed 7/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 24th 1908

I HEREBY CERTIFY, That I attended deceased from July 24th 1908 to same 190

that I last saw him alive on July 24th 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bond St.

Date July 24th 1908

Place of Burial Loudon Park

Date July 24 1908

Undertaker Wm J. Gaskon

Address 1482 Pulaski Hwy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C14268

Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Fell St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Prishblaski

{Residence, if in Baltimore, Give Street and Number.} 910 Fell St

Duration of Residence in Baltimore. always

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 9 1906

AGE 1 years, 11 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Wladisl. Prishblaski

BIRTHPLACE OF FATHER (State or country) Russia - Poland

MAIDEN NAME OF MOTHER Michalina Lndvitzki

BIRTHPLACE OF MOTHER (State or country) Russia - Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wadisl. Prishblaski

(Address) 910 Fell St

Filed 7/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 24 1908

that I last saw her alive on July 23d 1908

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis (DURATION) 2 DAYS

Contributory (Primary.)

Scarlet fever (DURATION) 5 DAYS

(Signed) Krahn M.D.

Address 1610 E. Fort Ave

Date July 24th 1908

Place of Burial Holy Rosary

Date July 25 1908

Undertaker Jacob Trelkowski

Address 428 S Bond St

Funeral July 25 at 8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14269 Registered No. B ..... C14269

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 228 Chase West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clinton Hall

{ Residence, if in Baltimore, Give Street and Number. } 228 Chase St West

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: ~~Male~~ Colored

DATE OF BIRTH: 1

AGE: 1 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Richard Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maithe Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ~~Male~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Hall

(Address) 228 Chase st

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday July 23d 1908

I HEREBY CERTIFY, That I attended deceased from July 16th 1908 to July 23d 1908

that I last saw him alive on July 23 1908,

and that death occurred, on the date stated above, at 7.45 M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) Days

Contributory (Primary.) Catarrhal Diarrhoea (DURATION) 7 DAYS

(Signed) A. J. Wolch M.D.

Address 607 N Charles St

Date July 24th 1908

Place of Burial Mt Auburn Cemetery

Date July 25 1908

Undertaker Wm H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 14270 Registered No. B ..... 14270

# CERTIFICATE OF DEATH.

(Place of Death.) No. 939 N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Zelenica

{Residence, if in Baltimore, Give Street and Number.} 939 N Durham st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 25 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Oconnell

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Rosie Kaspar

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Oconnell

(Address) 939 Durham st

Filed 7/25 1908 HARRY OT ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from April 1901 to July 24 1908 that I last saw h alive on 24 1908, and that death occurred, on the date stated above, at 4.15 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Chronic 4 mo (DURATION) DAYS

Contributory (Primary.)

Embracic Thrombosis (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2008 Boston st

Date July 25 1908

Place of Burial Holy Redeemer

Date July 27 1908

Undertaker Frank Cook & Son

Address 190 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C14271 Registered No. B C14271

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbert Middleton

{Residence, if in Baltimore, Give Street and Number.} 201 N Spring St

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | 36 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | M. |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Lab — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) [illegible]

Filed 7/25 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 21 1908

that I last saw h alive on July 21 1908, 2.35

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Miliary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. R. Baker M.D.

Address Bay View Hospital

Date July 22 1908

Place of Burial Laurel

Date July 25 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B 014272

43

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1151 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura V. Murray

{Residence, if in Baltimore, Give Street and Number.} 1151 Mc Eldery St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jabin Murray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Roy

(Address) 912 Mcdaugherst

Filed 7/25 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec-8-1907 to July 22 1908 that I last saw h 22 alive on July 21 1908 and that death occurred, on the dat stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer & Blood poison (Right breast)

(DURATION) 7 months 15 DAYS

Con'ributory (Primary) Heart

7 months (DURATION) 15 DAYS

(Signed) D. G. W. Kennard M.D.

Address 708 Broadway

Date July 23 1908

Place of Burial Samuel Berkerty

Date July 25. 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

# CERTIFICATE OF DEATH.

Registered No. B C14273

City of Baltimore, (No. 2904 St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James R List

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: March 8 1908 (Month) (Day) (Year)

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John F List.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Marie Werner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F List.

(Address) 2904 Bernard St

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 24 1908

that I last saw him alive on July 20 1906,

and that death occurred, on the date stated above, at ..... a.m. The CAUSE OF DEATH was as follows:

1

Mal Nutrition (DURATION) 3 Months DAYS

Contributory

Exhaustion (DURATION) DAYS

(Signed) Wm F Faw M. D.

July 24 1908 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: July 25 1908

UNDERTAKER: Wm Cook | ADDRESS: 602 E Fayette Av

Cathedral Cem

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C14274 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1558 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1558 Eutaw St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. E. Nagle

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Fagan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Fagan

(Address) 1558 N. Eutaw

Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

Six mos. (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm. Earle Dis M.D.

Address Towson, Md. County

Date July 24th 1908

Place of Burial Loudon Park Cem

Date July 26/08. 190...

Undertaker Lou Cook

Address 502 E. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 014275

014275

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Gallagher

{ Residence, if in Baltimore, Give Street and Number. } 1108 Sherman Place.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland. Balto. Md

FULL NAME OF FATHER James A. Gallagher.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Anna Hughes.

BIRTHPLACE OF MOTHER (State or country) Ireland. —

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Gallagher

(Address) 1120 Riggs Ave

Filed 7/25 1908 HARRY O. ARDERSON PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 24 1908 that I last saw h in alive on July 24 1908, and that death occurred, on the date stated above, at 5.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Chr nephritis

aortic + mitral insufficiency (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital

Date July 24 1908

Place of Burial St Patricks.

Date July 27/08 1908

Undertaker Thos Cook

Address 502 E. Northw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14276 Registered No. B .....

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Winkler

{Residence, if in Baltimore, Give Street and Number.} 309 S. Duncan ally.

Duration of Residence in Baltimore. life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Aug 11" 1907 |
| AGE | years, 11 months, 13 days |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | John Winkler |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Estelle Fortz |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Winkler

(Address) 309 S. Duncan Ally

Filed 7/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24" 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 24 1908 that I last saw her alive on July 24 1908 and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. M. Griffith M.D.

Address Johns Hopkins Hospital

Date July 24 1908

Place of Burial Trinity Cem.

Date July 26th 1908

Undertaker H. Sander Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14277 Registered No. B ..... 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2402 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary M. Haas

{ Residence, if in Baltimore, Give Street and Number. } 2402 Foster Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 27th 1907

AGE 1 year, 1 month, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Martin Haas

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie M. Appel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Haas

(Address) 2402 Foster Ave

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 25 1908 that I last saw her alive on " 24 1908 and that death occurred, on the date stated above, at 3.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

3 wks (DURATION) DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) C. A. Keer M.D.

Address 619 Stat Park Ave

Date July 25 1908

Place of Burial Mt Carmel

Date July 27th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — C14278 — Registered No. B C14278

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. Foot of First- Ave Canton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Mallon

{Residence, if in Baltimore, Give Street and Number.} 800 Bouldin st-

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 28 1896 |
| AGE | 13 years, 6 months, 25 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto Md |
| FULL NAME OF FATHER | Charles Mallon |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Annie Ebenhack |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Schoolboy |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Mallon

(Address) 800 S. Bouldin st

Filed 7/25 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Cuno M.D.

Address 320 S Grundy St

Date 190

Place of Burial 1st Evangelical Cem.

Date July 25th 1908

Undertaker L. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

614279

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2250, Guilford Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cathrine Jeannett (Jeanneret)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W

DATE OF BIRTH: March (Month) (Day) 1877 (Year)

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Patrick A. Vaughan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Elizabeth Higgins

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick A. Vaughan

(Address) 2250 Guilford Ave

Filed 7/25 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24rd 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from past 2 years at intervals 190 to 1908

that I last saw her alive on July 24 1908,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:,

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. N. Eastland M. D.

July 23 1908 (Address) 2402 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | July 27 1908 |
| UNDERTAKER | ADDRESS |
| E. Pickenbrock | 3123 Greenmount Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C14280 Registered No. B C14280

# CERTIFICATE OF DEATH. 1908

(Place of Death.) No. Baltimore City Hospital St. (If Death o... Hospital or give its ... of Street

Full Name Louis Thomas

{Residence, if in Baltimore, Give Street and Number.} City Hall annex.

Duration of Residence in Baltimore. 53 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16th 1837

AGE 71 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosina Thomas

(Address) City Hall annex

Filed 7/25 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 24 1908

that I last saw h... alive on July 24 1908,

and that death occurred, on the date stated above, at 11.50 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

(DURATION) DAYS

Contributory (Primary) Chr. nephritis

Myocarditis (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address City Hospital

Date July 24 1908

Place of Burial Western Cem

Date July 26/08 1908

Undertaker J. Herwig & Son

Address 200 E Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C14281 Registered No. B C14281

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1541 Stevington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Kate Nicholson

{ Residence, if in Baltimore, Give Street and Number. } 1541 Stevington Pl.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1st 1836

AGE 72 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Thos Masken

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Eliza N. Grimes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cornelia J Machen

(Address) 1537 Newington Place

Filed 7/25 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 23 1908 that I last saw h[er] alive on July 22 1908, and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestines

(DURATION) — DAYS

Contributory (Primary.) Obstruction of bowels

(DURATION) DAYS

(Signed) Geo B Shannon M.D.

Address 700 N. Fulton Ave

Date July 23. 1908

Place of Burial London Park

Date July 25 = 1908

Undertaker Em. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14282 — Registered No. B C14282

74

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1331 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Straub.

{Residence, if in Baltimore, Give Street and Number.} 1331 Sargeant St.

Duration of Residence in Baltimore. During life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13, 1887

AGE: 21 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: August Straub

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Gumpman

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Dembinsky

(Address) 1331 Seargant St

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to July 24 1908

that I last saw h er alive on July 24 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 3 DAYS

Contributory (Primary.) Multiple Neuritis.

(DURATION) 86 DAYS

(Signed) M Allen Burg. M.D.

Address 742 W Fayette St

Date July 24 1908

Place of Burial Weston Cemetery

Date 26 July 1908

Undertaker Wm J Tickner & Son

Address Camden and Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 014283

City of Baltimore, (No. 46, E Oastend St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno Elizabeth Brown.

### PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH not known. 1 (Month) (Day) Year)

AGE 73 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Tho. Knight

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A Fleischer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Louisa Knight

(Address) 46 E Oastend St

Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24" 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 12" 1908 to July 24" 1908

that I last saw her alive on July 24" 1908,

and that death occurred on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

(DURATION) 2 Mos

Contributory Nephritis and Senility (DURATION) 18 mos 24 DAYS

(Signed) Jno J McDonnell M. D.

July 24 1908 (Address) 1300 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto Cem. | July 27 1908 |
| UNDERTAKER | ADDRESS |
| E Hearle | 115 E West St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

85

# CERTIFICATE OF DEATH.

Registered No. B 014284

City of Baltimore, (No. 1202 Carroll St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl J. Ossenkempen

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July (Month) 7 (Day) 1908 (Year)

AGE: ✓ years, ✓ months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Ossenkempen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rahman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Ossenkempen

(Address) 1202 Carroll St.

Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 24 1908 that I last saw him alive on July 24 1908, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Pneumonia Hemorrhagica

(DURATION) 4 DAYS

Contributory ✓

(DURATION) ✓ DAYS

(Signed) C. W. Branin M. D.

July 25 1908 (Address) 400 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 26 1908

UNDERTAKER: C. H. Dill — ADDRESS: Fredk Ave

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 014285

City of Baltimore, (No. 2243 Vincent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry W. Mason

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 22 1907
(Month) (Day) (Year)

AGE ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Blanch Kusmaul

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Mortimer M.D.

(Address) 1259 N. Fulton Ave

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1908 to July 24 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 11 30 P. M. The CAUSE OF DEATH was as follows:

Duration of Intestines

(DURATION) 10 DAYS

Contributory —

(DURATION) — DAYS

Signed Egbert S. Thomas M. D.

July 25 1908 (Address) 125 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Olivet Cem. DATE OF BURIAL July 26 1908

UNDERTAKER H. F. McCormick ADDRESS 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C14286 Registered No. B C14286

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1958 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James H. Gordon

{Residence, if in Baltimore, Give Street and Number.} Walbrook Av 1958

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — 1840

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): D. C

FULL NAME OF FATHER: George Gordon

BIRTHPLACE OF FATHER (State or country): D. C

MAIDEN NAME OF MOTHER: Eliza White

BIRTHPLACE OF MOTHER (State or country): D. C

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Gordon

(Address) 1958 Walbrook Av

Filed 7/25 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to July 24 1908

that I last saw h alive on July 19 1908,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Thomas Dulany M.D.

Address 1304 N Charles St

Date July 24 1908

Place of Burial Baltimore Cem.

Date July 25th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C14287 Registered No. B C14287

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Blaney.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX: Female / COLOR: White. | DATE OF DEATH: July 24th 1908 |
| DATE OF BIRTH: July 11 1908 | I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 24 1908 |
| AGE: ....years, ....months, 13 days | that I last saw h-er alive on July 24 1908, |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate) |
| BIRTHPLACE (State or country) | Congenital Debility |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | (DURATION) DAYS |
| MAIDEN NAME OF MOTHER | Contributory (Primary.) |
| BIRTHPLACE OF MOTHER (State or country) | (DURATION) DAYS |
| OCCUPATION OF DECEASED | (Signed) J. Finnegan MD / M J Dillon M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | Address J E Biddle |
| (Informant) St. Vincents Inf. Asy. | Date July 24 1908 |
| (Address) | Place of Burial Green Cathedral |
| Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar | Date July 25 1908 |
| | Undertaker Martin Fahey & Sons |
| | Address 406 Lafayette Ave |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14288 Registered No. B C14288

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Silver

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: July 4th 1908

AGE: ..... years, ..... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 7/25 1908 HARRY C. ANDREWS PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 24 1908

that I last saw h-r alive on July 24 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Bradley M.D. M. J. Dillon M.D.

Address 9 E Saratoga St

Date July 24 1908

Place of Burial New Cathedral

Date July 25 1908

Undertaker Martin Lackey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14283 Registered No. B C14283

# CERTIFICATE OF DEATH.

151

Place of Death. No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Harrison

{ Residence, if in Baltimore. Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: July 9th 1908

AGE: ..... years, ..... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum.

(Address)

Filed 7/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 24 1908 that I last saw h[illegible] alive on July 24 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D. M. J. Dulany M.D.

Address 9 E Biddle St.

Date July 24 1908.

Place of Burial Mount Cathedral

Date July 25 1908

Undertaker Martin Gahy & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

159

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14290

Registered No. B

City of Baltimore, (No. 639 W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Cavenaugh

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH (Month) (Day) (Year) | 1 |
| AGE | 35 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Patrick Cavenaugh |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Mary " " |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Hustler |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 120 W. Lombard

Filed 7/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.15 P. M. The CAUSE OF DEATH was as follows:

Pistol shot through right temple

Suicide

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Ronald T. Ellerombe M.D.

July 24 190 8 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Pats | July 26th 1908 |
| UNDERTAKER | ADDRESS |
| John Fields | 120 W. Lombard |

Ward P — C14291 — Registered No. B C14291

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 S. Charles St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs. Catherine Mehly

{ Residence, if in Baltimore, Give Street and Number. } 1514 S. Charles St

Duration of Residence in Baltimore. 50 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Aug 24. 1854

AGE: 53 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Chas. Schwaab.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Klein.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Mehly

(Address) 1514 S. Charles St.

Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1906 to July 24 1908 that I last saw h[er] alive on July 24 1908 and that death occurred, on the date stated above, at 5.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

Primary Site of Cancer Liver

(DURATION) Years (DURATION) DAYS

Contributory (Primary) Cancer of Liver Two Months (DURATION) DAYS

(Signed) Ira L Fetterhoff M.D.

IRA. L. FETTERHOFF, M. D.

Address N. E. Cor. Lafayette & Carrollton Aves.

Date JUL 25 1908 BALTIMORE, MD. U. S. A. 190

Place of Burial: Emanuel Cemetery

Date: July 26 1908

Undertaker: Mrs A Rohde & Son

Address: 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

Registered No. B .... 120 C14292

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dorsey F. Deane

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX M | COLOR W. |
| DATE OF BIRTH 1 | |
| AGE 50 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W. |
| BIRTHPLACE (State or country) | Ohio |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Cook |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed July 25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

Cook

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 24 1908 that I last saw h.im alive on July 24 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis + Cystitis.

(DURATION) — DAYS

Contributory (Primary.) Ex Luetic.

(DURATION) ... DAYS

(Signed) J. H. Baker M.D.

Address Bay View Hospital

Date ... 190...

Place of Burial St. Pauls Cem

Date July 25 1908

Undertaker J. Diffenderffer Son

Address 330 E. Bond.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. C 14293

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 E Eager St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanora M Mueller

Residence, Give Street and Number, 1611 E Eager St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH June 28 1908

AGE ____ years, ____ months, 27 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Jos. J. Mueller

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Elizabeth Faldmeier

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1611 E Eager St

Filed 7/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July - 24 - 1908

I HEREBY CERTIFY, That I attended deceased from June - 28 1909 to July - 24 1908 that I last saw her alive on July 24 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion: extreme emaciation

(DURATION) ____ DAYS

Contributory (Primary) Inanition

(DURATION) 25 DAYS

(Signed) Pierre G. Dausel, M. D.

Address 121, Jackson Square

Date July - 25 1908

Place of Burial Holy Redeemer Cemetery

Date July 26 1908

Undertaker Henry Stock & Son

Address 1301 E. Eager St

Remarks The above child was born from a tuberculous mother in the last stage of the disease

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

Ward 14 Registered No. B 28

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 Andre St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Friedrich Christian Schneider

{Residence, if in Baltimore, Give Street and Number.} 1412 Andre St

C14294

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 2d 1906

AGE: 1 years, 9 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): here

FULL NAME OF FATHER: Julius Schneider

BIRTHPLACE OF FATHER (State or country): here

MAIDEN NAME OF MOTHER: Katie Sellner

BIRTHPLACE OF MOTHER (State or country): here

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Schneider

(Address) 1412 Andre St

Filed 7/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from Febry 1st 1908 to July 25th 1908 that I last saw him alive on July 24th 1908 and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Basilar meningitis (DURATION) 180 DAYS

Contributory (Primary)

marasmus (DURATION) 365 DAYS

(Signed) Dr Kahn M.D.

Address 1510 E. Fort Ave

Date July 25th 1908

Place of Burial Cedar Hill

Date July 26th 1908

Undertaker Jos. Steinbrecher

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward ..... Registered No. B 014295

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1630 Millinan St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louise M. Segner

{ Residence, if in Baltimore, Give Street and Number. } 1630 Millinan st.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | female |
| COLOR | white |
| DATE OF BIRTH | June 18th 1885 |
| AGE | 23 years, 6 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | single |
| BIRTHPLACE (State or country) | Balto city |
| FULL NAME OF FATHER | John Segner |
| BIRTHPLACE OF FATHER (State or country) | Balto City |
| MAIDEN NAME OF MOTHER | Margaret Lindner |
| BIRTHPLACE OF MOTHER (State or country) | Balto City. |
| OCCUPATION OF DECEASED | Sewing |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Meyer

(Address) 1630 Millinan st.

Filed 7/26 1908 HARRY O'F ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1908

I HEREBY CERTIFY, That I attended deceased from May 17th 1908 to July 23d 1908 that I last saw h[illegible] alive on July 23d 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 66 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Sinsinawal M.D.

Address 5 N. Washington St.

Date July 24th 1908

Place of Burial Mt Carmel Cem

Date 7/26/08 190

Undertaker Henry & Son

Address 190 & Aliceana St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 014296

# CERTIFICATE OF DEATH.

(Place of Death.) No. 424 S. Washington St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Heim

{Residence, if in Baltimore, Give Street and Number.} 424 S. Washington St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Apr 13th 1873 |
| AGE | 35 years, 3 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Henry Musch |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Fred. Heim

(Address) 424 S. Washington

Filed 7/26 1908 HARRY O'? INGRASS FERMIT CLERK? Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23' 1908

I HEREBY CERTIFY, That I attended deceased from July 15' 1908 to July 23 1908 that I last saw h alive on July 23 1908 8.30 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Con'tributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) John Roth M.D.

Address 1007 Eastern Ave

Date July 25' 1908

Place of Burial Mt. Carmel Cem.

Date 7/26/08 190

Undertaker J. Herwig Son

Address 1008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON BACK HEREOF.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. C 1297 — 113

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Anthony St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Robel

Residence, Give Street and Number, 1407 N Anthony

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 44 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Charles Mueller

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Fragesser

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Robel

(Address) 1407 Anthony St.

Filed 7/26 1908 HARRY O. ANDREWS Registrar. PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 25 1908

that I last saw h[illegible] alive on July 25 1908

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Gastroenteritis Exhaustion.

Contributory (Primary) Face eczema. (DURATION) 4 DAYS

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1719 Eager St.

Date July 25th 1908

Place of Burial Holy Redeemer Cemetery

Date July 27th 1908

Undertaker Henry Hoeke & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 — Registered No. B C14298

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 912. E. Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Weronika Lengivis

{Residence, if in Baltimore, Give Street and Number.} 912. E Pratt St

Duration of Residence in Baltimore. 10 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 32 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Klemens Pogoreck

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Valeryo Wachostka

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Lengvis

(Address) 912 E Pratt St

Filed 7/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 25 1908 that I last saw her alive on July 23 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John Falk M.D.

Address Balto Eastern Dispensary

Date July 25 1908

Place of Burial St. Stanislaus

Date July 26 1908

Undertaker William Frankowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward ..... Registered No. B .....

C14299

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Lawrence Jaroszewski

{ Residence, if in Baltimore, Give Street and Number. } 403 S. Anne St

Duration of Residence in Baltimore. 30 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 71 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Austria |
| FULL NAME OF FATHER | Dont Know |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | Austria |
| OCCUPATION OF DECEASED | Laborer. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Slowik.

(Address) 403 S. Anne St

Filed 7/26 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 25 1908 that I last saw h— alive on July 25 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystocarcinoma

(DURATION) ..... DAYS

Contributory (Primary.) Carcinoma (of Stomach)

(DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D. W. H. Daniels

Address St. Josephs German Hospital

Date July 25 1908

Place of Burial Holy Rocky.

Date Monday July 27" 1908

Undertaker M. F. Sadowski.

Address 703 S. Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C14300 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James. Gircak

{ Residence, if in Baltimore, Give Street and Number. } 513 S. Wolfe St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | 1 |
| AGE | — years, 3 months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | James. Gircak |
| BIRTHPLACE OF FATHER (State or country) | Balto. Md. |
| MAIDEN NAME OF MOTHER | Mary. Murawski |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) James. Gircak

(Address) 513. S. wolfe st

Filed 7/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 24 1908 that I last saw h[illegible] alive on July 24 1908, and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Thrombosis

(DURATION) 1 DAYS

(Signed) F. C. Blades M.D.

Address 143 N Biray

Date July 25- 1908

Place of Burial Holy Rosary

Date July 26 1908

Undertaker W. F. Sadowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14301

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14301
6

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 921, Fell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Franciska J Janowska

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year) | |
| AGE: 1 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | George Janowska |
| BIRTHPLACE OF FATHER (State or country) | Europe. |
| MAIDEN NAME OF MOTHER | Weronika Wozniak |
| BIRTHPLACE OF MOTHER (State or country) | Europe. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Janowska

(Address) 921 Fell St

Filed 7/26 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 24 1908 that I last saw h er alive on 23 1908, and that death occurred, on the date stated above, at 1.30 M. The CAUSE OF DEATH was as follows:

Pertussis

(DURATION) DAYS

Contributory Bronchial Pneumonia

(DURATION) DAYS

(Signed) Geo F Siegaeks M. D.

(Address) July 24 1908 105 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary. | July 26 1908 |
| UNDERTAKER | ADDRESS |
| W F Sadowski | 703 S. Ann |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C14302 Registered No. B[illegible]

# CERTIFICATE OF DEATH.

(Place of Death.) No. 515 N. Fawcett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John L. Holland.

{Residence, if in Baltimore, Give Street and Number.} 515 N. Fawcett St.

Duration of Residence in Baltimore, Lifetime.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: col

DATE OF BIRTH: May 1888

AGE: 20 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Holland

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Letitia Garner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burns

(Address) 1107 Druid

Filed 7/26 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 25 1908 that I last saw him alive on July 25 1908, and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 30 Hours

Contributory (Primary) Ac. Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) H. L. Carr M.D.

Address 515 Mosher St.

Date July 25th 1908

Place of Burial Laurel Cemetery

Date July 26 1908

Undertaker J. A. Burns

Address 1107 Druid Park

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ering your burial, to the Undertaker, or other person superintending the burial, a certificate ...can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C14303 Registered No. B C14303 106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 15-16 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nate Laskin

{ Residence, if in Baltimore, Give Street and Number. } 15-16 N. Pratt St

Duration of Residence in Baltimore. 5-8 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dont Know

AGE 62 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos Creighton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Nickey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thos

(Address) 15-16 N. Pratt

Filed 7/26 1908 Registrar (HARRY OF ARRESTS; PERMIT CLERK)

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25" 1908

I HEREBY CERTIFY, That I attended deceased from July 22nd 1908 to July 25" 1908

that I last saw h alive on July 25" 1908

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Enteritis

(DURATION) 2 DAYS

(Signed) D O'Leary M.D.

Address 110 S. Gilmor St

Date July 25" 1908

Place of Burial St Peters Cem

Date July 27" 1908

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B C14304

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. A. Heck

{Residence, if in Baltimore, Give Street and Number.} 1918 Horn st

Duration of Residence in Baltimore, 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 9 1874

AGE: 33 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Pa.

FULL NAME OF FATHER: Chas L. Heck

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Amelia Eppsting

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Emma Heck (wife)

(Address) 1918 Horn St

Filed 7/26 1908 HARRY C. ANDREAS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull.

Kicked by mule (acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carnton M.D.

Address Corner Mund

Date July 25 1908

Place of Burial Baltimore Cemetary

Date July 26/08 190 .....

Undertaker Christian Miller

Address 1334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B [illegible]

C14305

9

# CERTIFICATE OF DEATH.

(Place of Death.) No. 210 Penn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward H. Lembach

{ Residence, if in Baltimore, Give Street and Number. } 210 Penn St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 18th 1897

AGE 11 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER John Lembach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Schaeffer

BIRTHPLACE OF MOTHER (State or country) Balt Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Lembach

(Address) 210 Penn St

Filed 7/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1908

I HEREBY CERTIFY, That I attended deceased from July 26, 1908 to July 26, 1908 that I last saw him alive on July 26 1908, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Turnbaugh M.D.

Address 653 Columbia Ave,

Date July 26, 1908

Place of Burial London Park Cem

Date July 29th 1908

Undertaker Fan Lembach & Son

Address 647 W. Pratt St

Funeral July 27" (2 P. M.)

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 14306 Registered No. C ..... 63

# CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. J. Hughes

Residence, Give Street and Number, 120 N. Bradford St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 3 years, 1 months, 22 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER John T. Hughes

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Julia Meskill

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Hughes

(Address) 120 N. Bradford St

Filed 7/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 24" 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 24 1908

that I last saw him alive on July 24 1908

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions; asphyxia

(DURATION) 3 hours

Contributory (Primary) Progressive infantile paralysis (DURATION) 20 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121 Jackson Square

Date July 25 1908

Place of Burial New Cathedral Cem.

Date July 26" 1908

Undertaker Trudell Lifsel & Son

Address 330 S. Bond St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14307 Registered No. C C14307 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Bohnet

Residence, Give Street and Number, 1824 N. Dallas St

Duration of Residence in Baltimore, 42 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH ..... 1

AGE 67 years, 5 months, 22 days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Michael Haug

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Catherine Ziefler

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Bohnet

(Address) 1824 N. Dallas St

Filed 7/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 24 1908 that I last saw her alive on July 23 1908 and that death occurred, on the date stated above, at 1.20 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Apoplexy

(DURATION) DAYS

Contributory (Primary) Rheumatism

(DURATION) DAYS

(Signed) A. Johns M. D.

Address 1501 N Bond St

Date July 25 1908

Place of Burial St. Mathias' Cem

Date July 26 1908

Undertaker Kendell Lipkel & Son

Address 330 S. Bond St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 114308

119

# CERTIFICATE OF DEATH

(Place of Death.) No. St Joseph's German Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Stolpregen

{Residence, if in Baltimore, Give Street and Number.} 2614 Jefferson St.

Duration of Residence in Baltimore. 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10 1843

AGE: 65 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Lehment

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Herman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hose keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna McGraff

(Address) 2614 Jefferson St

Filed 7/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 25th 1908

that I last saw her alive on July 25 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's disease

(DURATION) ..... DAYS

Con'tributory (Primary.) Respiratory failure

(DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D.
Assistant

Address St. Joseph German Hospital

Date July 25th 1908.

Place of Burial Holy Redeemer

Date July 29 1908

Undertaker Randall & Jefferson

Address 378 Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B CR4309

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Desbrow

{ Residence, if in Baltimore, Give Street and Number. } 1612 Clifton Place

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2 1

AGE: ..... years, ..... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jerry Desbrow

BIRTHPLACE OF FATHER (State or country): Irish

MAIDEN NAME OF MOTHER: Elizabeth Griffeth

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jerry Desbrow

(Address) 1612 Clifton Place

Filed 7/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 25 1908 that I last saw her alive on July 25 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.)

Meningitis (DURATION) 7 DAYS

(Signed) John F Avery M.D.

Address 1823 Broadway

Date July 26 1908

Place of Burial Emmorton Harf Co Md

Date July 26/08 1908

Undertaker Wm Cook

Address 505 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... 14310

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Tracy

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: May 8 1861

AGE: 47 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John A Tracy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Christina Brady

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Capt. BAY VIEW ASYLUM.

(Address) .....

Filed 7/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to July 25 1908 that I last saw h[illegible] alive on July 25 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) W H Eaton M.D.

Address Bay View Asylum

Date ..... 1908

Place of Burial Holy Cross

Date July 28 1908

Undertaker John A Moran

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14311

# HEALTH DEPARTMENT. CITY OF BALTIMORE.

C14311

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. University Hospital St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin L Lambert

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) ..... (Day) 1885 (Year)

AGE: 23 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Benj Lambert

BIRTHPLACE OF FATHER (State or country): W. Va.

MAIDEN NAME OF MOTHER: Mary Barringer

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lambert

(Address) 102 Mary St Locust Point

Filed 7/26 1908 PERMIT CLERK

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Fracture of Skull

Accident

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie

July 23 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1605 Marshall St; How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem | DATE OF BURIAL: July 27 1908

UNDERTAKER: John A Moran | ADDRESS: Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C14312 Registered No. B ..... 19

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edw J. Gordon

{Residence, if in Baltimore, Give Street and Number.} 2118 Eastern ave

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 5 1863

AGE 45 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Martin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Stevens

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 2118 Eastern Ave

Filed 7/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1908

I HEREBY CERTIFY, That I attended deceased from July 22d 1908 to July 24 1908 that I last saw h[illegible] alive on July 24 1908 and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

"Cardiac Dilatation"

— (DURATION) — DAYS

Contributory (Primary) Pulmonary Oedema

— (DURATION) — DAYS

(Signed) Frederick L. Green M.D.

Address 2827 N. Calvert St.

Date July 25th 1908

Place of Burial Cathedral Cem

Date July 27 1908

Undertaker John A Moran

Address 1 Bank St Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C14313

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 75-Iceland St.

Duration of Residence in Baltimore.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: male | COLOR: Colrd

DATE OF BIRTH: md 1

AGE: 26 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John B Darsey

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Priscilla Perkins

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Darsey

(Address) 75-S Iceland St

Filed 7/26 1908 HARRY G. ANDREWS Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 24 1908.

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 24 1908 that I last saw h im alive on July 24 1908, and that death occurred, on the date stated above, at 5-10 a M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic nephritis (DURATION) DAYS

(Signed) Wm J Schmith M.D.

Address City Hospital

Date July 24 1908.

Place of Burial mt auburn Cem

Date Jul 26 1908

Undertaker John H Steadman

Address 142 N Bell Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C14314 Registered No. B C14314

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 909 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick J. H. Weigert

{Residence, if in Baltimore, Give Street and Number.} 909 Potomac

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 8th 1908

AGE: ....years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Weigert

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary L. Schwartz

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Weigert

(Address) 909 Potomac St.

Filed 7/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 25 1908

that I last saw h~~im~~ alive on July 24 1908

and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 2 weeks DAYS

Con~~'~~ributory (~~Primary~~) asthenia (DURATION) 2 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caroline St

Date July 25 1908

Place of Burial Sacred Heart Cemetery

Date JUL 26 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14315 Registered No. B C14315

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sadie Wolfe

{Residence, if in Baltimore, Give Street and Number.} 5 N. Amity St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 2 years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Hyman Wolf

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eva Goldberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Wolf

(Address) 5 N Amity st

Filed 7/26 1908 HARRY G. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 26 1908 that I last saw h~~e~~r alive on July 26 1908, and that death occurred, on the date stated above, at 4 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea and enteritis

at least 1 month (DURATION) DAYS

Contributory (Primary.) Chronic intussusception (relieved by operation June 30-08 after duration of 4 months) (DURATION) DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Protestant Infirmary

Date July 26, 1908

Place of Burial Helena Henry Bur

Date July 26, 1908

Undertaker Mary Levinson

Address 620 N. Eden ay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. C14316

# CERTIFICATE OF DEATH.

(Place of Death.) No. 729 Druecke St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Price, C.

Residence, Give Street and Number, 729 Druecke St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE ..... years, 2½ months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Andrew Price

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Jusie Johnson

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Johnson

(Address) 729 Druecke st

Filed 7/27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho-pneumonia

(DURATION) ..... DAYS

Contributory (Primary) Probably

Tubercular (DURATION) 30 DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date July 25 1908

Place of Burial Mt Auburn Cemetery

Date July 27 1908

Undertaker R. A. Elliott

Address 506 Royer-Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B C14317

# CERTIFICATE OF DEATH. Evans 79

(Place of Death.) No. 827 N Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Maggie McEwan

{ Residence, if in Baltimore, Give Street and Number. } 827 N Caroline St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 22 1876

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick K Mc. Scally

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary Feeney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. J. G. Patterson

(Address) 827 N. Caroline st.

Filed 7/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1907 to July 10 1908

that I last saw h[illegible] alive on July 10 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis, Aortic & Mitral Valves. (Myocarditis)

Six years. (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

Death Endorsed Expected (DURATION) DAYS

(Signed) J. W. Chambers M.D.

Address 18 W Franklin St

Date July 25 1908

Place of Burial Oak Lawn Cem.

Date July 28 1908

Undertaker Jos. J. Kern

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

Ward 7X C14318 Registered No. B

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 302. Sth. Pulaski St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mildreth Smith.

{Residence, if in Baltimore, Give Street and Number.} 302. Sth. Pulaski St.

Duration of Residence in Baltimore. life - time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April 6th 1908

AGE: — years, 3 months, 20 days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Frank, H. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Anna Zimmerman

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. Smith

(Address)

Filed 7/27 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July, 26th 1908

I HEREBY CERTIFY, That I attended deceased from July, 22d 1908 to July 26th 1908 that I last saw her alive on July 25th 1908, and that death occurred, on the date stated above, at 9.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Found her suffering with "Gastro - Enteritis" for about 2 days, when death with convulsions terminated life on July 26th

Contributory (Primary.) (DURATION) DAYS

(Signed) Ph. Waldmann M.D.

Address 2151. Wilkens Ave.

Date July, 26th 1908

Place of Burial Forest Glen

Date 7-27 1908

Undertaker Robt Boardman

Address 178 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 — C14319 — Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 820 St. Peter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas V Bowersox

{Residence, if in Baltimore, Give Street and Number.} 820 St Peter st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 28 1849

AGE 59 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER C Bowersox

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Reed

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Bowersox

(Address) 820 St Peter St

Filed 7/27 1908 HARRY C. ANDREAS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to July 24 1908 that I last saw him alive on July 24 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

4 1/2 Months (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) Jos E Winde M.D.

Address 855 Columbia a.

Date July 25 1908

Place of Burial Western Cemetery

Date July 27 1908

Undertaker Josiah Depp

Address 1600 N North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C14320

C14320

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3105 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archie G. Ruby

{ Residence, if in Baltimore, Give Street and Number. } 3105 Huntingdon Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Feb 23 1908 |
| AGE | ..... years, 5 months, 3 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto City |
| FULL NAME OF FATHER | Wm Ruby |
| BIRTHPLACE OF FATHER (State or country) | Balto City |
| MAIDEN NAME OF MOTHER | Clara L Gill |
| BIRTHPLACE OF MOTHER (State or country) | Balto Co |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara L Ruby

(Address) 3105 Huntingdon Ave

Died 7/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 25 1908 that I last saw him alive on July 24 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

1. Gastro-Enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) H. N. Fair M.D.

Address 12. E 25th St

Date July 27th 1908

Place of Burial St Mary's

Date July 27 1908

Undertaker N S Marshall

Address 5303 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C14327

# CERTIFICATE OF DEATH.

79.

(Place of Death.) No. 400 Forest St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Dreschler Hoffman

Residence, Give Street and Number, 400 Forest st.

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Feby 24th 1859

AGE About 48 years, ..... months, ..... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER John Drechsler

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Hoffman

(Address) 400 Forest St

Filed 7/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 24 1908

I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ~~1908~~ to 1908

that I last saw h ~~alive on~~ 1908

and that death occurred, on the date stated above, at about 5-P. M. CAUSE OF DEATH (Secondary or Immediate,)

Organic Heart disease

Oedema Lungs.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Riley Coroner M. D.

Address 1639 Bway

Date July 25 1908

Place of Burial Balto Cem.

Date July 27 1908

Undertaker J. Herzog & Son

Address 2108 Eutaw St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — Registered No. B C14322

C14322

# CERTIFICATE OF DEATH.

-27

(Place of Death.) No. 1722 Eighth St. Walbrook

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Annie Kinsey

{ Residence, if in Baltimore, Give Street and Number. } 1722 Eighth St. Walbrook

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ferdinand Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Anna C. Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 7/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 25 1908

that I last saw h[illegible] alive on July 25 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis for about 3 years,

(DURATION) DAYS

Contributory (Primary) Dropsy for several weeks (DURATION) 12 DAYS

(Signed) Oliver O. Fenning M.D.

Address 1711 St. Paul Street

Date July 26th 1908

Place of Burial London Park

Date July 28th 1908

Undertaker John J Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***cause and date of death***, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the

Ward 10 C14323 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1214 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Gibson

{Residence, if in Baltimore, Give Street and Number.} 1214 W Lombard St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John T. Gibson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma M. Taylor

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fields

(Address) 1220 W. Lombard

Filed 9/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 26 1908 that I last saw him alive on July 26 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

Convulsions

6 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Lewis M.D.

Address 1220 Lombard

Date July 26 1908

Place of Burial Mt Auburn

Date July 28 1908

Undertaker John L Fields

Address 1220 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number).

Full Name Jennie Henson

{ Residence, if in Baltimore, Give Street and Number. } 805 Druid Hill ave

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 23 1908 that I last saw her alive on July 23 1908 and that death occurred, on the date stated above, at 12 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous broncho-pneumonia: general tuberculosis.

..... (DURATION) ..... DAYS

Con'ributory (Primary) Tub. of cervical lymph glands (DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date July 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1908 190 ....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

150

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14325 Registered No. B .....

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. Near Madison Ave & Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

While being conveyed to hospital in ambulance.

Full Name Annie Brown

{Residence, if in Baltimore, Give Street and Number.} 2316 Ekking St

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: Colored |
| DATE OF BIRTH: Unknown 1 | |
| AGE: 36 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Unknown |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Do |
| MAIDEN NAME OF MOTHER | Do |
| BIRTHPLACE OF MOTHER (State or country) | Do |
| OCCUPATION OF DECEASED | Laundress |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/27 1908 HARRY O. ANDREES, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) Unknown

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 706 N. Lafayette Ave Corner

Date July 23 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 23 1908 190 .....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

Morgue

Ward 10 C14326 Registe

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1914 Frederick Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelm Seeger

{ Residence, if in Baltimore, Give Street and Number. } 1914 Frederick Av

Duration of Residence in Baltimore. ~~30~~ 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wm Seeger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Seeger

(Address) 1914 Frederick Av

Filed 7/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 - 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 25 1908

that I last saw h alive on July 24 1908,

and that death occurred, on the date stated above, at 8.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Entero Colitis Complicating
Chronic Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.) Asthenia

(DURATION) 5 DAYS

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date July 25 1908

Place of Burial Loudon Park

Date July 27/08 1908

Undertaker Wm Cook

Address 1102 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — R...

C14327

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1513 Baker St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm. E. Elliason

{Residence, if in Baltimore, Give Street and Number.} 1513 Baker St —

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24. 1848

AGE: 59 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Erick Eliason

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Julia Ann Gardner.

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine M. Eliason

(Address) 1513 Baker St-

Filed 7/27 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 — 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 25 — 1908, that I last saw h — alive on July 24 1908, and that death occurred, on the date stated above, at 12 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis.

(DURATION) — DAYS

Contributory (Primary.) Brights disease

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date July 25. 1908

Place of Burial Woodlawn

Date July 26/08 1908

Undertaker Wm Cook

Address 602 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B C14328

City of Baltimore, (No. 616 N. Appleton St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Bernard Augustus McCabee

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: May (Month) – 16 (Day) – 1887 (Year)

AGE: 21 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick – Md –

FULL NAME OF FATHER: Charles Wesley McCabee

BIRTHPLACE OF FATHER (State or country): Montgomery Co. Md.

MAIDEN NAME OF MOTHER: Laura Virginia Giagus

BIRTHPLACE OF MOTHER (State or country): – Md

OCCUPATION OF DECEASED: Civil Engineer –

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura McCabee

(Address) 616 N. Appleton St.

Filed 7/27 1908

Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) – 24 (Day) – 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 24 1908 that I last saw h/im alive on July 24 1908, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Appendicitis

(DURATION) 7 DAYS (?)

Contributory Peritonitis (DURATION) 4 DAYS (?)

(Signed) W. P. Stubbs M. D.

July 24 1908 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 27 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Hatton

**Notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.***

Ward 14 C14329

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1525 Shricks ac. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elias Parker

{Residence, if in Baltimore, Give Street and Number.} 1525 Shricks ac

Duration of Residence in Baltimore. 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 56 yrs ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alfred Parker

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bill Parker

(Address) 1525 Shricks ac

Filed 7/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Buchanan M.D.

Address 700 Lap. ave. Canton

Date July 24th 1908

Place of Burial Ct Hill

Date July 26 1908

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***Twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward

# CERTIFICATE OF DEATH.

C14330

(Place of Death.) No. 918 S. Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard L. Hill

Residence, Give Street and Number, 918 S. Paca "

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Oct 4 1907

AGE: years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.: S

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Howard R. Hill

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Regina Lampp

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Loerdens

(Address) 217 S. Paca "

Filed 7/27 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 26, 1908

I HEREBY CERTIFY, That I attended deceased from July 24, 1908 to July 26, 1908

that I last saw him alive on July 26, 1908

and that death occurred, on the date stated above, at 8 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Gastro-Enteritis

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Timmerman M. D.

Address 653 Columbia Ave

Date July 26, 1908

Place of Burial Mt. Olivet Cem

Date July 28 1908

Undertaker Geo. Loerdens, Son

Address 217 S. Paca "

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

# CERTIFICATE OF DEATH.

C14331

(Place of Death.) No. 1037 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. A. Lang Sr

Residence, Give Street and Number, 1037 W. Barre "

Duration of Residence in Baltimore, 56 Jrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: March 29 1831

AGE: 77 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Lankard

(Address) 1037 W. Barre St.

Filed 7/27 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 26 1908

that I last saw him alive on July 26 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heat Stroke

(DURATION) 8 DAYS

Contributory (Primary) Heat Stroke (DURATION) 2 DAYS

(Signed) Edward [illegible] M. D.

Address 517 Fawn St

Date July 25 1908

Place of Burial London Park Cem

Date July 27 1908

Undertaker Jos. Sweeden's Son

Address 217 S. Paca St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C14332

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2017 W Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred E Miller

{ Residence, if in Baltimore, Give Street and Number. } ~~Lifetime~~ 2017 W Balto

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 2nd 1908

AGE — years, 2 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John R. Miller

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Anna Mausenede

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Miller

(Address) 2017 W. Baltimore St

Filed 7/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 25 1908 that I last saw her alive on July 24 1908, and that death occurred, on the date stated above, at One P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Enteric Colitis

(DURATION) 7 DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date July 27 1908

Place of Burial Western Cemetery

Date July 27th 1908

Undertaker F. B. Wagaman

Address Frederick Md. Evtl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C14333 8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 29 Druid Ave. Woodlawn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Jiggetts

{Residence, if in Baltimore, Give Street and Number.} 29 Druid Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 22, 1907.

AGE ....years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER W. W. Jiggetts,

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Sarah E. Ameges.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Jiggetts

(Address) 29 Druid Ave.

Filed 7/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1908

I HEREBY CERTIFY, That I attended deceased from July 21st 1908 to July 26th 1908

that I last saw h.. alive on July 25th 1908,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus & Whooping Cough, dies from exhaustion in paroxysm of Whooping Cough (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F. Keely M.D.

Address 705 Fales Road

Date July 27th 1908

Place of Burial Loton Va.

Date July 28th 1908.

Undertaker W. E. Chenoweth & Son

Address 919 Third Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C14334

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. Fur. Holly Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil Engelfred

{ Residence, if in Baltimore, Give Street and Number. } Fur. Holly Ave

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Ehlen

(Address) 1944 W. South Ave.

Filed 7/27 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Con-
tact with live
electric wire.
Killed instantly (DURATION) ... DAYS

Con'tributory (Primary.) Accidental

(DURATION) ... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Log. Av. (Canton)

Date July 26th 1908

Place of Burial Balto Cemetery

Date July 29 1908

Undertaker Harry W. Ehlen

Address 1944 W. South Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2207- Essex C14335 St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name ~~John~~ Henry Ott

Residence, Give Street and Number, 2207 - Essex St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH

..... 1 .....

AGE ..... years, 8 months, 14 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER ~~Henry~~ John Ott

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Catherine Callinan

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Ott

(Address) 2207 Essex St

Filed 7/27 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July - 27 - 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 27 1906

that I last saw h — alive on July 26 1908

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate,)

Gastro - Enteritis

2 wks. (DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Dupont Bowers M. D.

Address 125 S Broadway

Date July 27 — 1906

Place of Burial Holy Redeemer

Date July 28 1908

Undertaker Wendell Dippel & Son

Address 330 S Bond

Remarks .....

PART ENCLOSED BY BLACK LINES. WILL FILL OUT THIS FORM WITH EXCEPTION OF THE PHYSICIAN

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14336

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Thompson

{ Residence, if in Baltimore, Give Street and Number. } 111 S. Dallas

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | 9 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | School Boy |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Thompson

(Address) 111 S Dallas St

Filed 7/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 25 1908

I HEREBY CERTIFY, That I attended deceased from ~~...~~ 190 to ~~...~~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1030 A. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage (Ulc)

From Ulcer (DURATION) 10 minutes DAYS

Contributory (Primary.) by home.

(DURATION) DAYS

(Signed) Fred L Carruthers M.D.

Address Commonwealth

Date July 25 1908

Place of Burial Asbury Cemetery

Date July 27 1908

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14337 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1129 W. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milton Cleveland Ritz

**PERSONAL AND STATISTICAL PARTICULARS**

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | October 15th (Month) (Day) 1884 Year |
| AGE | 23 years, 9 months, 21 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore Md. |
| FULL NAME OF FATHER | August Ritz |
| BIRTHPLACE OF FATHER (State or country) | Md. |
| MAIDEN NAME OF MOTHER | Anna Spoller. |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | Hatter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Ritz

(Address) 1129 W. Lombard

Filed 7/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July (Month) 26th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23rd 1908 to July 26th 1908, that I last saw him alive on July 26th 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Typhoid Fever

.....(DURATION).....DAYS

Contributory Relapse

.....(DURATION).....DAYS

(Signed) John Houff M. D.

July 26th 1908 (Address) 15 N. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 29 1908

UNDERTAKER H. C. Bramley & Son ADDRESS 5 S. Poppleton

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14338

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1449 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Henry Wood

{ Residence, if in Baltimore, Give Street and Number. } 1449 Light St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 4th 1844

AGE 63 years, 8 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John F Wood

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Fisher

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Letter carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth C. Wood

(Address) 1449 Light St.

Filed 7/27 1908 HARRY O. ANDREWS PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 190 to July 25 1908

that I last saw him alive on July 24th 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Ephamsitis

(DURATION) DAYS

(Signed) W. H. Hayden M.D.

Address 428 Light St.

Date July 22d 1908 190

Place of Burial MOUNT OLIVET

Date JUL 27 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 14339

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1617 N. Spring St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary A Reese

{Residence, if in Baltimore, Give Street and Number.} 1617 N Spring St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nicholas Ehrhardt

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Reese

(Address) 1617 N. Spring St

Filed 7/27 1908 HARRY C. ANDRES, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~alive~~ on ~~1908~~

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Thos. [illegible] M.D.

Address [illegible]

Date July 26 - 08 1908

Place of Burial Holy Redeemer Cemetery

Date July 28 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C14340

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 501 E. Madison St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth O'Sullivan

Residence, Give Street and Number, 501 E. Madison St.

Duration of Residence in Baltimore, 38 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1

AGE: 60 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Daniel McAllister

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Ann Nelson

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary A. O'Sullivan

(Address) 501 E. Madison St.

Filed 7/27 1908 PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Balto July 26th 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to July 26th 1908

that I last saw her alive on July 26th 1908

and that death occurred, on the date stated above, at 1800 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

(DURATION) 107 DAYS

Contributory (Primary) Asthenia

(DURATION) 4 DAYS

(Signed) Emma J. Belt M. D.

Address 1516 E Preston St

Date Balto July 27th 1908

Place of Burial Holy Cross Cemetery

Date July 29th 1908

Undertaker Henry Houck & Son

Address 130 E Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH D[redacted]e.

Ward ..... C14341 Registered No. B ..... C14341

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1612 Gough St Baltimore MD St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas Stanislaus Wyglendowsky

{ Residence, if in Baltimore, Give Street and Number. } 2702 Dellon St. Baltimore MD
DILLON

Duration of Residence in Baltimore. all time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Wyglendowsky

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Franzis Polczynska

BIRTHPLACE OF MOTHER (State or country): Poland Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Wyglendowski

(Address) 1612 Gouht St

Filed 7/27 1908 (HARRY O. ANDREWS) PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 July 1908

I HEREBY CERTIFY, That I attended deceased from 25 July 190 to 26 July 190 8 that I last saw him alive on 26 July 190 8 and that death occurred, on the date stated above, at 11 p. M. CAUSE OF DEATH (Secondary or Immediate.)

gastro-enteritis

(DURATION) Week DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. Joseph St Martin M.D.

Address 578 S. Broadway Baltimore MD

Date 27 July 1908

Place of Burial St Stanislaus

Date Tuesday July 28" 1908

Undertaker M F. Sadowski

Address 903 N. Amon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH ... ore.

Ward 24 — C14342 — Registered No. B C14342

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1344 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo Doran

{ Residence, if in Baltimore, Give Street and Number. } 1344 Towson St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: Jan 7th 1908

AGE: ... years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Martin J. Doran

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Burke

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin J Doran

(Address) 1344 Towson

Filed 7/27/08 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27 July 1908

I HEREBY CERTIFY, That I attended deceased from 24 June 1908 to 27 July 1908 that I last saw h[im] alive on 26 July 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 20 DAYS

Contributory (Primary) Enteritis

(DURATION) 30 DAYS

(Signed) James Logue M.D.

Address 1322 Bond St

Date 27 July 1908

Place of Burial St Patricks Cemetery

Date July 28 1908

Undertaker M. & M. G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH ... ore.

C14343

Ward 7

C14343

Registered No. B 43

# CERTIFICATE OF DEATH.

(Place of Death.) No. 608 W. Hamburg St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C. Koehler

{ Residence, if in Baltimore, Give Street and Number. } 608. W. Hamburg St.

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 22nd 1858

AGE: 50 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick City

FULL NAME OF FATHER: John W. Koehler

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Koehler

(Address) 608 W. Hamburg St

Filed 7/27 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1908

I HEREBY CERTIFY, That I attended deceased from October 10th 1907 to July 26th 1908

that I last saw h[illegible] alive on July 25th 1908,

and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 2 months DAYS

Contributory (Primary.)

Prostatitis (DURATION) 10 DAYS

(Signed) Chas. L. Luddington M.D.

Address 118. S. Paca St.

Date July 27th 1908

Place of Burial Loudon Park Cem

Date July 28th 1908

Undertaker E. Schloman & Son

Address 1029 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH ... City of Baltimore. C14344

Ward 10 C14344 Registered No. B ... 66.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1227 E Eager St- St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lucinda A Sanders

{ Residence, if in Baltimore, Give Street and Number. } 1227 E Eager St-

Duration of Residence in Baltimore. 15yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 68 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Samuel Sanders

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Priscilla Purswell

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 122 E. Eager St

Filed 7/28 1908 HARRIS D. INGRESS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 26 1908 that I last saw h Sr alive on July 25 1908, and that death occurred, on the date stated above, at 9.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

Few hrs (DURATION) ... DAYS

Contributory (Primary) Hemiplegia (DURATION) 4 yrs DAYS

(Signed) Bernard Wyss M.D.

Address 825 E Chase St-

Date July 27 1908

Place of Burial St Peters ✓

Date July 28 1908

Undertaker H. C. Wiedefeld

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 22 — C14345 — Registered No. B C14345

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 421 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Bauerhoff

{Residence, if in Baltimore, Give Street and Number.} 421 Hanover St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 1. 1854

AGE: 54 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Dover

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosie Hagan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Webster O Brien (daughter)

(Address) 421 Hanover St

Filed 7/28 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to July 25 1908 that I last saw her alive on July 25 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Organic disease of the Heart & Kidneys (DURATION) 1 yr DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 S Charles St

Date July 27 1908

Place of Burial Greenmount Cemetery

Date JUL 28 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C14346 Registered No. B C14346

136

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ida Goodle

{Residence, if in Baltimore, Give Street and Number.} 125 Hughes st.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W

DATE OF BIRTH: July 27 1877

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isac Gorf.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Gorf.

(Address) 25 E York st

Filed 7/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 - 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 27 1908 that I last saw h er alive on July 27 1908, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

Gravidarum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W O Famin M.D.

Address Johns Hopkins Hosp.

Date July 27 - 1908

Place of Burial Washington Ceme.

Date July 28, 1908

Undertaker Wm. Dayler & Son

Address 17. E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... ruish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ... s far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ... **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward* 10 C14347 *Registered No. B* C14347

105

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1010 Concord Place *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Herbert to Oehm

*{ Residence, if in Baltimore, Give Street and Number. }* 1010 Concord Place

*Duration of Residence in Baltimore.* Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | Jan 22 1908. |
| AGE | — years, 6 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Herbert. Oehm |
| BIRTHPLACE OF FATHER (State or country) | Pa |
| MAIDEN NAME OF MOTHER | Jennie Padgett. |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Oehm

(Address) 1010 Concord Place

Filed 7/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 27 1908 that I last saw him alive on July 26 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Twisting & death of bowel. due to Congenital malformation.

(DURATION) one DAYS

Contributory (Primary.) Summer diarrhoea (DURATION) 23 DAYS

(Signed) Wm J Watson M.D.

Address 1424 St Paul

Date July 27 1908

Place of Burial Baltimore Cem

Date July 28. 1908

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

C14348

15

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14348

City of Baltimore, (No. 1717, Creastieau St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude Woodland.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR cd

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Jos C Woodland

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Miss Cecelia Young

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos C Woodland

(Address) 1717 Presstman

Filed 7/28 1908 HARRY C. ANDREWS, PENNY CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to July 27th 1908 that I last saw her alive on July 26th 1908, and that death occurred, on the date stated above, at 2.50 A. M. The CAUSE OF DEATH was as follows:

1 Edema of Lungs & Exhaustion

(DURATION) 3 DAYS

Contributory Acute Pulmonic Phthisis

(DURATION) 5 DAYS

(Signed) Geo W Lautenbach M. D.

July 27th 1908 (Address) 635 Mosher St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peters | July 29th 1908 |
| UNDERTAKER Edmonston & Haight | ADDRESS 1364 W Lombard St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14349

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14349

City of Baltimore, (No. 219 N. Vincent St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Bell Payne

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Black

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 5 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: James Payne

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Payne

(Address) 219 Vincent St

Filed 7/28 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 26 1908 that I last saw h[er] alive on July 26 1908, and that death occurred, on the date stated above, at 3.50 P.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory Acute Dilatation Heart (DURATION) 1 DAYS

(Signed) J. L. Hooper M.D.

July 5 1908 (Address) 2207 Gilmore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: July 28 1908

UNDERTAKER: Alfred Freeland

ADDRESS: 706 Schroeder

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 24 C14350 Registered No. C14350

# CERTIFICATE OF DEATH. 159

(Place of Death.) No. 902 Compton. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Philip J. Ahler.

{Residence, if in Baltimore, Give Street and Number.} 902 Compton St.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Don't Know |
| AGE | 68 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore Md |
| FULL NAME OF FATHER | Don't Know |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | Watchman |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ahler (wife.)

(Address) 902 Compton St

Filed 7/28 1908 BARRY O. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to 190

that I last saw h~~.....~~ alive on 190

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Suicide

Pistol shot wound in the head.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Steinhardt M.D.

Address Coroner

Date July 27 1908

Place of Burial BALTIMORE CEMETARY.

Date JUL 28 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 23 C14351 Registered No. B C14351

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1503 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Button DeGrouchy

{Residence, if in Baltimore, Give Street and Number.} 1503 Patapsco St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 10 1908

AGE: ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: J. Button DeGrouchy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Krieger

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Krieger

(Address) 1503 Patapsco

Filed

7/28 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 27 1908

that I last saw h alive on July 27 1908

and that death occurred, on the date stated above, at 8.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis

Convulsions

(DURATION) DAYS

Contributory (Primary.)

2 weeks (DURATION) DAYS

(Signed) W. Hammond Mackenzie M.D.

Address 831 Light St

Date July 28 1908

Place of Burial CEDAR HILL

Date JUL 29 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14352

Ward 27

C14352 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 405 Perry Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T Newton

{Residence, if in Baltimore, Give Street and Number.} 405 Perry Street

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Feb 15 1887

AGE: 21 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel T. Newton

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Amelia Holland

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Newton

(Address) 405 Perry St

Filed

7/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 26 1908

that I last saw h— alive on July 26 1908

and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or ~~Immediate.~~)

Bronchitis (T. B.)

(DURATION) 1 mo DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 1 mo DAYS

(Signed) C. H. Fowler M.D.

Address 712 S. Chapel St

Date July 27th 1908

Place of Burial Laurel Cemetery

Date July 28 1908

Undertaker G. W. Hoshino

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C14353

Ward 17 C14353 Registered No. B

# CERTIFICATE OF DEATH.

47 2/1

(Place of Death.) No. Md. General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jamie Bennett

{Residence, if in Baltimore, Give Street and Number.} 746 Penna. Ave.

Duration of Residence in Baltimore. 20 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR Black

DATE OF BIRTH 1

AGE about 66 years, months days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E R Henry

(Address) 764 W Fayette St

Filed 7/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27, 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 27 1908 that I last saw him alive on July 27 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Aortic regurgitation

(Heart failure) following repeated attacks of Rheumatism

(DURATION) DAYS

Contributory (Primary.) General debility.

(DURATION) DAYS

(Signed) E B. Freeman M.D.

Address Md. Gen. Hospital

Date July 27, 1908

Place of Burial Catonsville Cemetery

Date July 28 1908

Undertaker John E Hughes Co

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14354

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

# CERTIFICATE OF DEATH.

Registered No. B C14354

City of Baltimore, (No. 608, Wayne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Conquest

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 85 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Whittington Dunj

(Address) 608 Wayne St

Filed 7/28 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 24 1908

that I last saw h alive on July 24 1908,

and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Senile degeneration

General prostration

Progressive (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) S A Keene M. D.

July 27 1908 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Accomack co Virginia

DATE OF BURIAL: July 29 1908

UNDERTAKER: G. L. Brown and Son

ADDRESS: 108 W Monte

Landing Mancock Wharf accommack Co Va

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C14355 Registered No. B C14355

# CERTIFICATE OF DEATH.

67

(Place of Death.) No. 862 N. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

Full Name George N. Buschman

{Residence, if in Baltimore, Give Street and Number.} 862 N. Fayette St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 10 1858

AGE 50 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis A Buschman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha E. Baltz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Buschman

(Address) 862 N Fayette St

Filed 7/28 1908 BARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1904 to July 26 1908 that I last saw him alive on July 25 1908 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Paresis

abt (DURATION) 4 yrs DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 3 DAYS

(Signed) Henry C. O'Neill M.D.

Address 1203 N. Fayette St

Date July 27 1908

Place of Burial Loudon Park Cem

Date July 28 1908

Undertaker W. H. Buchmueller Sons

Address Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE. 14356

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4

# CERTIFICATE OF DEATH.

Registered No. B C14356

City of Baltimore, (No. 1228 Argyle ave. 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Jackson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 65 years, ..... months, ..... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR~~ DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Jackson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Dollie Jackson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Woodie

(Address) 2 FPW Lee St.

Filed 7/28 1908

BARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) — 27 (Day) — 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 7-23 1908 to 7-26 1908 that I last saw him alive on 7-26 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Congestive Remittent Fever

(DURATION) 6 DAYS

Contributory Coma

(DURATION) 2 DAYS

(Signed) L. D. Dyer M. D.

7-27-1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Md. Auburn Cem. | DATE OF BURIAL: 7/29 1908

UNDERTAKER: John H. Todrin | ADDRESS: 1424 W. Hoff

HEALTH DEPARTMENT, City of Baltimore. C14357

Ward 19th C14357 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 16 North Bruce Street St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Nancy Parker

{Residence, if in Baltimore, Give Street and Number.} 16 North Bruce St

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1862

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Pindel

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: General House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Henry Parker

(Address) 16 N. Bruce St

Filed 7/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1908

I HEREBY CERTIFY, That I attended deceased from July 26th 1908 to Same 1908 that I last saw h alive on July 26 1908, and that death occurred, on the date stated above, at 5.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis (non puerperal).

(DURATION) DAYS

Contributory (Primary.) Obstruction of intestine. (DURATION) DAYS

(Signed) Robert G. L. Lumpkin M.D.

Address 117 N. Fulton Ave

Date July 26th 1908

Place of Burial Ant. Zion Cemetery

Date July 28 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14358 Registered No. B C14358

99

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Druid Hill Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie B Heatley

{Residence, if in Baltimore, Give Street and Number.} 1009 Druid Hill Av.

Duration of Residence in Baltimore..... Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 6th 1863

AGE 44 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John B. Moody.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jeanette Weaver.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeanette Moody.

(Address) 1009 Druid Hill Av

FILED 7/28 1908 Registrar

HENRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1908.

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 27 1908.

that I last saw her alive on July 26 1908.,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Abscess (DURATION) 30 DAYS

Contributory (Primary) Bronchitis (DURATION) 365 DAYS

(Signed) Edward E Mackenzie M.D.

Address 1339 N. North Ave.

Date Balto July 27th 1908.

Place of Burial Mt Auburn Cemetery

Date July 29 1908

Undertaker John A. Bradley

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C14359 — Registered No. B C14359

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 412 E. Clement St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy C. Walker

{Residence, if in Baltimore, Give Street and Number.} 412 E. Clement St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 16 1908

AGE: ____ years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Walker

BIRTHPLACE OF FATHER (State or country): Balto, Md.

MAIDEN NAME OF MOTHER: Annie Bauman

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Walker

(Address) 412 E. Clement St.

Filed 7/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 28 1908

that I last saw her alive on July 27 1908

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Impetigo

(DURATION) 18 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Cunham M.D.

Address 1303 Eutaw St.

Date July 28 1908

Place of Burial Westwood Cem.

Date July 29 1908

Undertaker John F. Fahey & Son

Address 432 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C14360 Registered No. B C14360

# CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1429 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Forsyth

{Residence, if in Baltimore, Give Street and Number.} 1429 William St

Duration of Residence in Baltimore. 5 yrs 9 mo 19 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 7th 1902

AGE 5 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert T. Forsythe

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A. Lewis

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert T. Forsythe

(Address) 1429 William St.

Filed 7/28 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 26 1908 that I last saw him alive on July 27 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Double

(DURATION) 48 hrs DAYS

Contributory (Primary.) Dyspnoea

(DURATION) 48 hrs DAYS

(Signed) Argyle Horn M.D.

Address 40 E 25th St

Date July 27, 1908

Place of Burial Mt Olivet Cem

Date July 28 — 1908

Undertaker John J Fahey & Son

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 18 — C14361 — Registered No. B C14361

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 112 S Stockton st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gray

{Residence, if in Baltimore, Give Street and Number.} 112 S Stockton st

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Black |
| DATE OF BIRTH: 1 | |
| AGE: 48 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower | |
| BIRTHPLACE (State or country): Eastern Shore Md | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Brown

(Address) 108 S Stockton st

Filed 7/28 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 27. 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

... (DURATION) ... DAYS

Contributory (Primary.) Exhaustion

... (DURATION) ... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N LaFayette

Date July 28. Coroner. 190 8

Place of Burial Mt Auburn Cemetery

Date July 28 190 8

Undertaker R A Elliott

Address 506 Rogers Ave-

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 17

C14362

Registered No. B C14362

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1502 Barclay Waverley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Anderson

{Residence, if in Baltimore, Give Street and Number.} 1502 Barclay St. Waverley

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ... 1

AGE: ... years, ... months, 9½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lathur Anderson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary E Blair

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Blair

(Address) 1502 Barclay St

Filed 7/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 27 1908 that I last saw h... alive on July 27 1908, and that death occurred, on the date stated above, at 11 ... M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Robt. G. Schmidt M.D.

Address 424 East 23 St

Date July 27. 1908

Place of Burial Laurel

Date July 28 1908

Undertaker R A Ellett

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14363

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14363

Registered No. B.....

City of Baltimore, (No. 231 Arch St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Ray

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Ray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Harmon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hale Ray

(Address) 231 Arch St

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20, 1908 to July 25 1908 that I last saw h[im] alive on July 25 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hamorrhage

(DURATION) 6 DAYS

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) Hallcam E Burton M. D.

July 26 1908 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | July 28 1908 |
| UNDERTAKER | ADDRESS |
| R St Elliott | 506 Rogers Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14364

105

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14364

Registered No. B.....

City of Baltimore, (No. 409, N. Davis St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Henry Waters

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singer

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Warter

BIRTHPLACE OF FATHER (State or country): Howard Con Md

MAIDEN NAME OF MOTHER: Martha Harris

BIRTHPLACE OF MOTHER (State or country): Howard Con Md

OCCUPATION OF DECEASED: Rolling

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Warter

(Address) 409 N Parech alley

Filed 1/28 1908

MARY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to July 27 1908

that I last saw h im alive on July 25 1908,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Enteritis Colitis

(DURATION) 28 DAYS

Contributory Inanition

(DURATION) 4 DAYS

(Signed) J. L. Hopkins M. D.

June 28 1908 (Address) 1220 N Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... K

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 29 1908

UNDERTAKER: Felix B Pyle — ADDRESS: 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C14365

Registered No. B C14365

66.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1304 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Pensch

{Residence, if in Baltimore, Give Street and Number.} 1304 Marshall St

Duration of Residence in Baltimore. 29 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 2 1843

AGE 65 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry R Pensch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea Fickel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdalena Pensch (wife)

(Address) 1304 Marshall St

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 27 1908

that I last saw him alive on July 26 1908

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 S Charles St

Date July 27 1908

Place of Burial Loudon Park

Date July 29th 1908

Undertaker H. O. Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C14366 Registered No. B C14366

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Shanahan

{Residence, if in Baltimore, Give Street and Number.} 1124 N. Stricker St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 14th 1830

AGE: 78 years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H. Smith

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Eveline Seymour

BIRTHPLACE OF MOTHER (State or country): Winchester Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Keelty

(Address) 1000 W. Fayette St

Filed 7/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to July 25th 1908 that I last saw her alive on July 25th 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 35 DAYS

Contributory (Primary.) Organic Heart disease

Several months (DURATION) — DAYS

(Signed) John A. [illegible] M.D.

Address 701 N. Carrollton ave

Date July 27th 1908

Place of Burial Mt Olivet Cemetery

Date July 29 1908

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C14367 Registered No. B C14367

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Lena Anna Becker

{Residence, if in Baltimore, Give Street and Number.} 1021 W. Lexington St

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Ff | COLOR W.

DATE OF BIRTH July 21 1882

AGE 26 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER ~~Jo~~ Frank Schlercher.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Teckle Lang.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis T. Becker.

(Address) 903 Burgundy St

Filed 7/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to July 27 1908 that I last saw h er alive on July 27 1908, and that death occurred, on the date stated above, at 6 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date July 27 1908

Place of Burial Holy Redeamer

Date July 30 1908

Undertaker Leo J. Smith & Co

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. B C14368

C14368

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon Fink

{Residence, if in Baltimore, Give Street and Number.} 214 N. Washington

Duration of Residence in Baltimore. 45 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 19th 1843

AGE: 65 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Fink

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Fink

(Address) 214 N. Washington

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 27 1908

that I last saw h.im alive on July 27 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Cancer of Stomach (DURATION) ..... DAYS

(Signed) H. E. Wilkinson M.D.

Address St Joseph's Hospital

Date 7/27/08 190

Place of Burial St. Alphonsus Cem

Date 7/30/08 190

Undertaker J. Herwig & Son

Address 900 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14369

Ward 6

Registered No. B C14369

# CERTIFICATE OF DEATH.

150

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Infant of Mrs W. Smith (baby)

{ Residence, if in Baltimore, Give Street and Number. } 405 Beal Court.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Colored.

DATE OF BIRTH: July 12, 1908

AGE: ..... years, ..... months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Welden Smith

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Geneva Young.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25, 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 25, 1908 that I last saw h im alive on July 25, 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

atresia of Rectum.

(DURATION) 13 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date July 26, 1908

Place of Burial .....

Date ..... 190....

Undertaker Commissioner Health.

Per. Wm. E. WOOD

Address .....

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13-2

Ward 7 C14370 Registered No. B C14370

# CERTIFICATE OF DEATH. 36

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant (Mrs. W.) Full Name Hixon (Baby)

{Residence, if in Baltimore, Give Street and Number.} 19 S. Register st.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Col.

DATE OF BIRTH July 14, 1908

AGE 0 years, 0 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Walter Hixon.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Bradford.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/28 1908 Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27, 1908

I HEREBY CERTIFY, That I attended deceased from July 14, 1908 to July 27, 1908 that I last saw h.. alive on July 27, 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Lues

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date July 27, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date 190

Undertaker Commissioner Health; Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C14371 THIS IS A PERMANENT RECORD.

Ward 3

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 14371

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Hanas Milan Sanitarium W Milan St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Boracco

Residence, Give Street and Number, 48 Salisbury Court

Duration of Residence in Baltimore, 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER: Nicholas Boracco

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/28 1908

HARRY C. ANDREWS
Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 27 1908

that I last saw him alive on July 27 1908

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) 30 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. Whitridge Jr M. D.

Address 804 Cathedral St

Date July 28 1908

Place of Burial .....

Date ..... 190

Undertaker Commissioner Health.

Per Wm. E. WOODALL.

Address .....

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

# HEALTH DEPARTMENT, City of Baltimore.

C14372

Registered No. C C14372

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Valley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Fields

Residence, Give Street and Number, 1005 Valley St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: John E. Fields

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Lucie Sugars

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) Mr. Charles Fields

(Address) 1005 Valley St.

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 27 1908 that I last saw him alive on July 27 1908 and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 16 ~~DAYS~~ Hrs

Contributory (Primary) Typhoid Fever

(DURATION) 18 DAYS

(Signed) Mary F. Voeglein M. D.

Address 1028 Valley St.

Date July 28. 1908.

Place of Burial St. Mary's Cemetery (Govans)

Date July 30 1908

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St

Remarks

5

Ward 10 — Registered No. B C14373

C14373

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 855 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph J. Brown.

{ Residence, if in Baltimore, Give Street and Number. } #855 Greenmount Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 24th 1908

AGE: — years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Walter J. Brown

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Bonnie

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Brown

(Address) 855 Greenmount Ave

Filed 7/28 1908 — J. C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1908

I HEREBY CERTIFY, That I attended deceased from July 28th 1908 to July 28th 1908

that I last saw h alive on July 28th 1908

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Enteritis

(DURATION) 6 DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) John J. Veth M.D.

Address 1936 E. Monument

Date July 28th 1908

Place of Burial Western Cemetery

Date July 29th 1908

Undertaker Feeney Stock Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Furnish within eighteen hours after death, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14374

Ward 13 — C14374 — Registered No. B C14374

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Park Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob C. McCubbin

{Residence, if in Baltimore, Give Street and Number.} 1219 Park ~~Ave~~ Terrace

Duration of Residence in Baltimore. 27 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Dec 1848

AGE: 60 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John McCubbin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Mummee

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Yard Master P. R. R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Viola McCubbin

(Address 1219 Park Terrace

Filed 7/28 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to 28th July 1908

that I last saw h~~im~~ alive on July 27th 1908,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) DAYS

Contributory (Primary) Cirhosis of liver

(DURATION) 200 DAYS

(Signed) Geo B Reynolds M.D.

Address 809 N. Charles

Date July 28th 1908

Place of Burial New Cathedral

Date July 30 – 1908

Undertaker Chas E Isaac

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

1908
60
1848

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C14375 — Registered No. C 14375

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1180 Columbia Ave St. 119

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Geller

Residence, Give Street and Number, 1180 Columbia Ave

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: August 14 1886

AGE: 21 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: George Geller

BIRTHPLACE OF FATHER (State or county): Bata

MAIDEN NAME OF MOTHER: Mary E. Hummel

BIRTHPLACE OF MOTHER (State or county): Bata

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Trenkle

(Address) 1180 Columbia Ave

Filed 7/28" 1908 — HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 28 1908

that I last saw her alive on July 27 1908

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary) Uraemic Convulsions

and Coma (DURATION) 3 DAYS

(Signed) Henry E. O'Dea M. D.

Address 1203 W. Fayette St

Date July 28 1908

Place of Burial Western Cemetery

Date July 30 1908

Undertaker Jas. Lowndes, Son

Address 1217 E. Pratt

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

1908 60 1148

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C14376 Registered No. C 14376

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilkins Sanitarium St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Epstein

Residence, Give Street and Number, 122 S. Bond St.

Duration of Residence in Baltimore, Born

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| male | W. |

DATE OF BIRTH 1

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Abraham Epstein

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Epstein

(Address) 122 S Bond St

Filed 7/29 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 28 1905

I HEREBY CERTIFY, That I attended deceased from July 25 1905 to July 28 1905

that I last saw h[illegible] alive on July 26 1905

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Thrombosis

(DURATION) 10 DAYS

Contributory (Primary) Marasmus

(DURATION) 6d DAYS

(Signed) J. M. Clinton Jr. M. D.

Address 812 Cathedral St

Date July 28th 05 190

Place of Burial Hebrew Rawdale Cemetery

Date July 28, 190 5

Undertaker Thos Lennon

Address 1620 N. Eldersley St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 1 — C14377 — Registered No. B C14377

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Poole.

{ Residence, if in Baltimore, Give Street and Number. } Glenelg, Md.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 1 | |
| AGE: 48 years, — months, — days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Maryland | |
| FULL NAME OF FATHER: not Known | |
| BIRTHPLACE OF FATHER (State or country): not Known | |
| MAIDEN NAME OF MOTHER: not Known | |
| BIRTHPLACE OF MOTHER (State or country): not Known | |
| OCCUPATION OF DECEASED: Farmer | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L A Kilbingen

(Address) Ellicott City

Filed 7/29 1908 HARRY C. J. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28, 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 28, 1908 that I last saw him alive on July 28 1908, and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion from the disease.

(DURATION) DAYS

(Signed) Arthur W. Eastland M.D.

Address Md Gen Hospital

Date July 29 1908

Place of Burial Providence Howard Co.

Date July 30 1908

Undertaker L Kilbingen & Son

Address Ellicott City Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14378 13

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14378

66

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 301 Sycamore St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Kaler

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 15 1819 (Month) (Day) (Year)

AGE: 89 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Thornan

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Kaler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. B. Kugler

(Address) 730 - 3rd Ave

Filed 7/29 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to July 27 1908

that I last saw him alive on July 27 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Paralysis

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) J. M. Smith M. D.

July 27 1908 (Address) 206 E. Pleasant

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: July 30 1908

UNDERTAKER: M. Candogan

ADDRESS: 626 N. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 1

C14379 Registered No. B C14379

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ignatius Michel

{Residence, if in Baltimore, Give Street and Number.} 609 Boyd Street

Duration of Residence in Baltimore. 4 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER: Frank Michel

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. George Tyeld

(Address) Phila. Pa.

Filed 7/29 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 27 1908 that I last saw h[im] alive on July 27 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion

4 Weeks (DURATION) DAYS

Con'tributory (Primary) Acute Miliary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay. M.D.

Address University Hospital

Date July 27 1908 190

Place of Burial St Peters

Date July 29 190

Undertaker John J Cowan

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14380

Ward 7 — Registered No. B C14380

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1906 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hedmanoski

{Residence, if in Baltimore, Give Street and Number.} 1906 Eastern Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER Bernad Hedmanski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hellen wysick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernad Hedmanski

(Address) 1906 Eastern ave

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from A.M. July 28 1908 to 190

that I last saw her alive on A.M. July 28 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Gastro-enteritis

(DURATION) 14 DAYS

(Signed) Ronald T. Abercrombie M.D.

Address 4 East Preston St.

Date July 29 1908

Place of Burial Holy Rosary

Date July 29 1908

Undertaker M. F. Sadowski

Address 703 S. Ann. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C14381 Registered No. B C14381

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 227 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valdes Neibert

{ Residence, if in Baltimore, Give Street and Number. } # 227 W Pratt St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19 - 1908

AGE: — years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Neubert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neubert

(Address) W. Pratt Ste 227.

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 - 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 28 1908

that I last saw him alive on July 27 1908,

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Enteritis (DURATION) 1 DAYS

(Signed) Edw Krumpe M.D.

Address 517 Lexington

Date July 28 1908

Place of Burial? Shomrai Emeth Cemetery

Date July 29 1908

Undertaker Louis Heermans

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14382 Registered No. B C14382

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 400 N. Port St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles R Bohnlofink

{ Residence, if in Baltimore, Give Street and Number. } 400 N Port St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 8 1907

AGE 0 years, 10 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Julius Bohnlofink

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emilia Sargable

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Bohnlofink

(Address) #400 N. Port St.

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 28 1908

that I last saw h.. alive on July 28 1908

and that death occurred, on the date stated above, at 2 & 50 M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 4 hrs DAYS

Con'ributory (Primary.) Gastro Enteritis

(DURATION) 4 DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date July 28 1908

Place of Burial Mount Carmel Cemetery

Date July 30 1908

Undertaker Louis Heemann

Address 52 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C14383 Registered No. B C14383

# CERTIFICATE OF DEATH. 106

(Place of Death.) No. 2058 Woodbury Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George M. Berry

{Residence, if in Baltimore, Give Street and Number.} 2058 Woodbury Ave.

Duration of Residence in Baltimore. Since Annexation

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Feb 13 1821 |
| AGE | 87 years, 5 months, 15 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | England |
| FULL NAME OF FATHER | James Berry |
| BIRTHPLACE OF FATHER (State or country) | England |
| MAIDEN NAME OF MOTHER | Ann Mullis |
| BIRTHPLACE OF MOTHER (State or country) | England |
| OCCUPATION OF DECEASED | Contractor |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eliza A. Berry

(Address) 2058 Woodbury Ave

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1908

I HEREBY CERTIFY, That I attended deceased from July 26th 1908 to July 28th 1908

that I last saw him alive on July 27th 1908,

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of age

(DURATION) DAYS

Contributory (Primary.) Excessive Sesorhoea

(DURATION) 2 DAYS

(Signed) Geo H Barnes M.D.

Address 21 W 25th St

Date July 29th 1908

Place of Burial St. Mary's Hampden

Date July 30 1908

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B C14384

C14384

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 24 Clipper Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena V. High.

{Residence, if in Baltimore, Give Street and Number.} 24 Clipper Road.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 12 1882

AGE 25 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alfred A High

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Alice L Baughman

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Hugh (Brother)

(Address) 3644 Beech Ave

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 27 1908 that I last saw h-r alive on July 25 1908 and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate.)

Extraction

(DURATION) 8 DAYS (a)

Contributory (Primary.) Phthisis Pul-

monalis (DURATION) DAYS

(Signed) R. B. Norment M.D.

Address 2343 Chestnut Ave

Date July 27th 1908

Place of Burial Western Cemetery

Date July 29th 1908

Undertaker Wm Cook

Address 502 E Monroe Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14385

13

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

87

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14385

City of Baltimore, (No. 2257 Madison Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleanor Horn

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Fem |
| COLOR | White |
| DATE OF BIRTH | July (Month) 13 (Day) 1818 (Year) |
| AGE | 90 years, months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Balto Co. |
| FULL NAME OF FATHER | Jas. Marsh. |
| BIRTHPLACE OF FATHER (State or country) | Balto Co |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Horn

(Address) 2257 Madison ave

Filed 7/29 1908 Registrar

[BARRY C. ANDREWS PERMIT CLERK.]

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 27 1908 that I last saw her alive on July 27 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Coma, resulting from

Hemorrhage Cerebrum Brain.

(DURATION) DAYS

Contributory Thrombosis (Old age)

(DURATION) DAYS

(Signed) A C Pole M. D.

July 29 1908 (Address) 2038 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Green Mount | July 29 1908 |
| UNDERTAKER | ADDRESS |
| E M Mitchell | 1201 W Fayette |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14386

8

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14386

Registered No. B.....

City of Baltimore, (No. 2414 E Oliver St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A. Griggs

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Jan. 4 (Month) (Day) 1808 (Year)

AGE: ..... years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Weaver B. Griggs

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Victoria Roberts

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Weaver B. Griggs

(Address) 2414 E Oliver St

Filed 7/29 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1905 to July 28 1905 that I last saw h— alive on July 28 1905, and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia (DURATION) 28 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C. N. Dutcher M. D.

July 28 1905 (Address) 2250 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oakland Cemetery | July 29 1905 |
| UNDERTAKER | ADDRESS |
| Jno. A. Moran | Banks & Sons Co. |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14387

Ward 8 C14387 Registered No. B

# CERTIFICATE OF DEATH. 106

(Place of Death.) No. 2201 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mr~~ John. H. H. Struelle

{ Residence, if in Baltimore, Give Street and Number. } 2201 Oliver st

Duration of Residence in Baltimore. 16 year

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 24 1831

AGE 76 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Fred C. Struelle.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Witte

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Struelle. (Son)

(Address) 2201 E Oliver St

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 27 1908

that I last saw him alive on July 27 1908,

and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery & Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E W Belcher M.D.

Address 2250 E Hoffman St

Date July 27 1908

Place of Burial Immanuel Cemetary

Date July 29 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14388

Ward 6 Registered No. B C14388

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Amos A. Alexander

{Residence, if in Baltimore, Give Street and Number.} 2313 E Fayette

Duration of Residence in Baltimore. 65yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 22 1842

AGE 66 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Alexandra

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emilen Lawson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Store keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna C Alexander

(Address) 2313 E Fayette St

Filed 7/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

1005

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 28 1908 that I last saw h in alive on July 28 1908 and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) H Kirby M.D.

Address 110 E Northern

Date July 28 1909

Place of Burial Orems M E Cemetary

Date July 31 1908

Undertaker Robert J Turner

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 — Registered No. B C14389

C14389

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1906 Lanvley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Howard

{Residence, if in Baltimore, Give Street and Number.} 1906 Lanvley

Duration of Residence in Baltimore. "

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emory Howard

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Neal Howard

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Steuard

(Address) 1906 Lanvley St

Filed 7/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 27 1908 that I last saw h[illegible] alive on July 27 1908 and that death occurred, on the date stated above, at 3 [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. G. Runk M.D.

Address 2000 E. Balt. St.

Date July 28 1908

Place of Burial Asbury Cemetery

Date 29 July 1908

Undertaker John E. Henderson

Address 131 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14390 Registered No. B C14390

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1004 Hillman St- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Reilly

{ Residence, if in Baltimore, Give Street and Number. } 1004 Hillman St-

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White-

DATE OF BIRTH 1

AGE 58 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patk. Quillen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1004 Hillman

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 28 1908 that I last saw h alive on July 27 1908 and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary hemorrhage

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuber-

Culosis (probable) (DURATION) DAYS

(Signed) Bernard Wise M.D.

Address 825 E Chas St-

Date July 28 1908

Place of Burial Cathedral

Date July 31, 1908

Undertaker W. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14391 Registered No. B C14391

# CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Preston Palmer

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1841

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Palmer

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Henrietta Cripp

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 7/29 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1908

I HEREBY CERTIFY, That I attended deceased from Record 190 to July 25 190 ,

that I last saw h. em alive on July 25 190 8 ,

and that death occurred, on the date stated above, at 2.55 p. M. CAUSE OF DEATH (Secondary or Immediate)

Myocardial degeneration

about 1 year (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Varnum M.D.

Address 1133 Valley st

Date July 28 1908

Place of Burial Mount Olivet

Date July 1908

Undertaker Henry C. Wiedefeld

Address 914 Greenmount ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C14392 Registered No. B C14392

# CERTIFICATE OF DEATH. 18

(Place of Death.) No. 1142 Shields Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Brown

{Residence, if in Baltimore, Give Street and Number.} 1142 Shields alley

Duration of Residence in Baltimore. 40 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1849

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Martha Lloyd

BIRTHPLACE OF MOTHER (State or country): Frederick Co Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brown

(Address) 942 N. Howard St.

Filed 7/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1908.

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 27 1908, that I last saw her alive on July 26 1908 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis (DURATION) 90 DAYS

Contributory (Primary.)

Cardiac Failure (DURATION) 90 DAYS

(Signed) Edward Eichenlaub M.D.

Address 1339 W. North Ave.

Date Dated July 28th 1908.

Place of Burial Laurel

Date July 29 — 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

C14393 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 East Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Reuben Celia Conn
1603 E. Pratt St

{Residence, if in Baltimore, Give Street and Number.} Life

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH July 25 1908

AGE ..... years, ..... months, 2½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Reuben Conn.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Celia Myerson.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED N.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Conn.

(Address) 1603 E. Pratt

Filed 7/29 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 28 1908

that I last saw h alive on July 28 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

Meteorismus

(DURATION) 2 DAYS

Contributory (Primary) Exposure after birth Long walking + protracted inhalation of Electric Light.

(DURATION) — DAYS

(Signed) Alfred Whitehead M.D.

Address 1215 Eastern Ave

Date July 29. 1908

Place of Burial Hebrew Boardal Cemetery

Date July 29, 1908

Undertaker Max Lemmer

Address 162 N. Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 5 C14394 Registered No. B C14394

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. 52 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Schmidt

{Residence, if in Baltimore, Give Street and Number.} 52 N. Caroline

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 9th 1854

AGE 54 years, ... months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno. Bauchard

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schmidt

(Address) 52 N. Carolina st

Filed 7/29 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 330 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Sudden

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Louis Lawrence M.D.

Address Corner Mass Ave

Date July 27th 08 190

Place of Burial Loudon Park Cemetery

Date July 30th 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C14395 — Registered No. B C14395

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2209 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Duvall

{Residence, if in Baltimore, Give Street and Number.} 2209 Orleans st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 9 1876

AGE: 32 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Duvall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hamm

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Duvall

(Address) 2209 Orleans st

Filed 7/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 29 1908 190

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 28 1908 that I last saw him alive on July 28 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J F Sprecknell M.D.

Address 14 N Pattison Pk Ave

Date JUL 29 1908 190

Place of Burial Oak Land Cemetery

Date July 31 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14396 Registered No. B C14396

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1811 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alexander Hushnake

{Residence, if in Baltimore, Give Street and Number.} 1811 Canton ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Born Jan 29 1884

AGE: 24 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Alex. Hushnak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Wilkinson

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hushnak

(Address) 1811 Canton ave.

Filed 7/29 1908

JAMES C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to July 27 1908

that I last saw h— alive on July 26 1908,

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

3 mos. (DURATION) DAYS

Contributory (Primary.) Consumption

(DURATION) DAYS

(Signed) J. C. Bruce M.D.

Address 1258 Broadway

Date July 28 1908

Place of Burial Holy Cross

Date July 30th 1908

Undertaker Thos. A. Doran

Address 1 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14397 — Registered No. B C14397

# CERTIFICATE OF DEATH.

13

(Place of Death.) No. 2028 Bank St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Katherine O'Connell

{Residence, if in Baltimore, Give Street and Number.} 2028 Bank St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 1

AGE: 51 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Baxter

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ant Brun

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Timothy O'Connell

(Address) 2028 Bank St.

Filed 7/29 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27, 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 27 1908

that I last saw h[illegible] alive on July 27, 1908

and that death occurred, on the date stated above, at [illegible] M., CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. J. Gratty M.D.

Address 111 S. Broadway

Date July 29, 1908.

Place of Burial Cathedral Cem

Date July 30th 1908.

Undertaker Jno. A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward ..... Registered No. B C14398

C14398

# CERTIFICATE OF DEATH.

45

(Place of Death.) No. 563 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James. W. Brown

{Residence, if in Baltimore, Give Street and Number.} 563 Dolphin St

Duration of Residence in Baltimore. 50 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colord

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va Shepherdtown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) anna m Brown

(Address) 563 Dolphin St

Filed 7/29" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 28 1908 that I last saw h in alive on July 26 1908 and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Thrombosis

(DURATION) 14 DAYS

Contributory (Primary.) Carcinoma of the Bladder (DURATION) 1 Yr DAYS

(Signed) John C Huck M.D.

Address 647 W Lafayette Ave

Date July 28 1908

Place of Burial Mount Zion

Date July 30 1908

Undertaker John H Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C14399 — Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1300 Division St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. Brightman

{Residence, if in Baltimore, Give Street and Number.} 1300 Division St

Duration of Residence in Baltimore. 35 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored |
| DATE OF BIRTH | 1 |
| AGE | 68 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balt City |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — — |
| MAIDEN NAME OF MOTHER | — — |
| BIRTHPLACE OF MOTHER (State or country) | — — |
| OCCUPATION OF DECEASED | Labor |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hermitha Brightman

(Address) 1300 Division St

Filed 7/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 28 1908 that I last saw her alive on July 28 1908 and that death occurred, on the date stated above, at 7 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma Dropsy

and Brights Disease

5 months (DURATION) 15 DAYS

Contributory (Primary.) Heart

5 months (DURATION) 15 DAYS

(Signed) H. W. Bernard M.D.

Address 4 & Lombard St

Date July 29 1908

Place of Burial National Cemetery

Date July 1 1908

Undertaker John H Owens & Son

Address 1212 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 47 C14400 Registered No. B C14400

137

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adelia Hawkins.

{ Residence, if in Baltimore, Give Street and Number. } Luthervilla

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 29th 1908

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Unk Cousins

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Alfred Hawkins

(Address) Luthervilla

Filed 7/29" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 29 1908

that I last saw her alive on July 29 1908,

and that death occurred, on the date stated above, at 10-30 a. M. CAUSE OF DEATH (Secondary or Immediate)

General septicaemia

(DURATION) DAYS

Contributory (Primary.) Puerperal

Infection (DURATION) DAYS

(Signed) Wm J Schmith M.D.

Address City Hospital

Date July 29 1908

Place of Burial Towson

Date July 31st 1908

Undertaker John Burns Sons

Address Towson Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C14401

114

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 19. E Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Alexander McIntyre

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October (Month) 15 (Day) 1855 (Year)

AGE 52 years, 9 months, 14 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) New York N.Y.

FULL NAME OF FATHER Ewen McIntyre

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Emily Bridgman

BIRTHPLACE OF MOTHER (State or country) Scotland?

OCCUPATION OF DECEASED Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thomas D. Ormisbee

(Address) New York City

Filed 7/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29th 1908 to July 29 1908 that I last saw him alive on July 29th 1908, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Enlarged liver + icterus
Jaundice

(DURATION) 10 DAYS

Contributory Uraemia -

(DURATION) 3. DAYS

(Signed) T. W. Keown M. D.

July 29 1908 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New York City | DATE OF BURIAL July 31st 1908

UNDERTAKER G. F. Lauer | ADDRESS 725 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C 14402

C14402

81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Mosher St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clementine E. Bridner

Residence, Give Street and Number, 1116 Mosher St. Bridner

Duration of Residence in Baltimore, 65 yr.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 1st 1827

AGE: 81 years, — months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Balto Co.

FULL NAME OF FATHER: [illegible] Stansbury

BIRTHPLACE OF FATHER (State or county): Balto Co

MAIDEN NAME OF MOTHER: Hallen Otto

BIRTHPLACE OF MOTHER (State or county): Balto Co

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Edith C Bridner

(Address) 1116 Mosher St

Filed 7/29" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 28 1908

that I last saw h[illegible] alive on July 27 1908

and that death occurred, on the date stated above, at 3.30 AM

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

Thrush (DURATION) DAYS

Contributory (Primary)

Arteriosclerosis 2 years (DURATION) DAYS

(Signed) A C Pole M. D.

Address 2038 Madison Ave

Date July 28 1908

Place of Burial W. Arlington Cemetery

Date July 30th 1908

Undertaker G. F. Walker

Address 723 W. Lafayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C14403 Registered No. B

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Septwich

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH June 1907

AGE ..... years, 11 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mildred

(Address) St Elizabeths Home

Filed 7/29 1908

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28. 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 27 1908 that I last saw h. in alive on July 27 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 3 mos. DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date July 29 1908

Place of Burial Cathedral Cemetery

Date July 30th 1908

Undertaker Felix B. Rue

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B C14404

City of Baltimore, (No. 47, Jackson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer Elizabeth Moffett

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Thomas P. Moffett

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Mary E. Martin

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Moffett

(Address) 47 Jackson St.

Filed 7/30 1908

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28th 1908 to July 29th 1908 that I last saw h[illegible] alive on July 28 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Exhaustion & Syncope

(DURATION) 1 DAYS

Contributory Acute Entero Colitis

(DURATION) 7 DAYS

(Signed) William J. Pillsbury M. D.

July 29 1908 (Address) 7801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loraine Cem. — DATE OF BURIAL: July 30 1908

UNDERTAKER: John J. Cowan — ADDRESS: 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C14405 Registered No. B C14405

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 506 Norris alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie M. Green

{Residence, if in Baltimore, Give Street and Number.} 506 Norris alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR C

DATE OF BIRTH February 28th 1908

AGE ____ years, 5 months, ____ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. Green

BIRTHPLACE OF FATHER (State or country) Wash. D. C.

MAIDEN NAME OF MOTHER Rosie Howard

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Green

(Address) 506 Norris Al.

Filed 7/30 1908 HENRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis

(DURATION) 21 DAYS

Con'ributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Wm. A. Bracken M.D.

Address 700 Log. Av. Comm.

Date July 28th 1908

Place of Burial Mt. Auburn Cemetery

Date July 30th ~~1908~~ 1908

Undertaker Samuel H. Chase & Son

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C14406 Registered No. B C14406

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Anderson

{Residence, if in Baltimore, Give Street and Number.} Pikesville, Md.

Duration of Residence in Baltimore. 2 months in Pikesville.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH 1888

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Wegefarth

(Address) 2031 Eutaw Place.

Filed 7/30 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23, 1908.

I HEREBY CERTIFY, That I attended deceased from July 16, 1908 to July 23, 1908 that I last saw h.r alive on July 23, 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) severe 07 DAYS

Contributory (Primary) heart failure (DURATION) DAYS

(Signed) Arthur Wegefarth M.D.

Address 2031 Eutaw Place

Date July 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 29 1908

Undertaker Commissioner Health. Per. Wm. F. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 — C14407 — Registered No. B C14407

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Tate Jr.

{Residence, if in Baltimore, Give Street and Number.} 41 W. Preston St Baltimore Md.

Duration of Residence in Baltimore. 37 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | W. |
| DATE OF BIRTH | Sept. 13, 1870 |
| AGE | 37 years, 8 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | James C. Tate |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Frances A. Williamson |
| BIRTHPLACE OF MOTHER (State or country) | South Carolina |
| OCCUPATION OF DECEASED | Broker. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dudley Williams

(Address) 2518 St. Paul St.

Filed 7/30 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 25, 1908 to July 30 1908 that I last saw him alive on July 30 1908, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) 6 hrs DAYS

Contributory (Primary.)

Pneumonia (DURATION) 7 DAYS

(Signed) Dudley Williams M.D.

Address 2518 St. Paul St.

Date July 30th. 1908

Place of Burial Greenmount Cemetery

Date ~~July~~ August 1st 1908

Undertaker Hy W. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C14408

Ward 12 C14408 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 915 Plum Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Gross

{Residence, if in Baltimore, Give Street and Number.} 915 Plum Al

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH January 20 1908

AGE — years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Frank Gross

BIRTHPLACE OF FATHER (State or country) Calvert Co Va

MAIDEN NAME OF MOTHER Florence Wilson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Gross mother

(Address) 915 Plum Al

Filed 7/30 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. M. Eastland M.D.

Address Coroner

Date July 30 1908

Place of Burial Mt Auburn St

Date July 30 1908

Undertaker J. L. Brownson

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C14409 Registered No. B C14409

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 419 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarette Byrnes

{Residence, if in Baltimore, Give Street and Number.} 419 N Exeter St

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 24 1889

AGE 19 years, one months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robert E. Byrnes

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ellen McGovern

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert E Byrnes

(Address) 419 N Exeter.

Filed 7/30 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to July 29 1908 that I last saw h[illegible] alive on July 28 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) about Four Months

Contributory (Primary.) Abscess

(DURATION) — DAYS

(Signed) D. E. Beard M.D.

Address 202 E Fayette St

Date July 29 1908

Place of Burial St Marys (Govanstown)

Date July 31st 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14410

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14410

104

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. Elgin Av., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Walter & Daisy Ports

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 26 (Day) 1908 (Year)

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter Ports

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Daisy Lissey

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Ports

(Address) Elgin Ave

Filed 7/30 1908 PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 30 1908 that I last saw h— alive on July 29 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Acute Indigestion (DURATION) DAYS

Contributory Heart Failure (DURATION) DAYS

(Signed) L. J. Frey M. D.

July 30 1908 (Address) 2466 E. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem | DATE OF BURIAL: July 30 1908

UNDERTAKER: W. J. Burns & Son | ADDRESS: Cayadutta

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 C14411 Registered No. B C14411

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1117 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Schlaug

{Residence, if in Baltimore, Give Street and Number.} 1117 S Charles St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 29th 1879

AGE 28 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) ~~Joseph Schlaug~~ Baltimore

FULL NAME OF FATHER ~~Bailo~~ Joseph Schlaug

BIRTHPLACE OF FATHER (State or country) Gery

MAIDEN NAME OF MOTHER Elizabeth Schauler

BIRTHPLACE OF MOTHER (State or country) Gery

OCCUPATION OF DECEASED Forman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schlaug

(Address) 1117 S. Charles St

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 - 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 29 1908 that I last saw him alive on July 28 1908, and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

2

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date July 29 1908

Place of Burial Western Cem

Date July 31st 1908

Undertaker E Schloman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C14412 Registered No. B C14412

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1902 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Artes

{ Residence, if in Baltimore, Give Street and Number. } 1902 Lemon

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 11th 1847

AGE: 61 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Artes (Son)

(Address) 1902 Lemon st

Filed 11/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1908 to July 29 1908 that I last saw h[illegible] alive on July 29 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Contributory (Primary) Paralysis

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 54 D Fulton Ave

Date [illegible] 1908

Place of Burial London Park Cem

Date Aug 1st 1908

Undertaker E Schloman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C14413 Registered No. B C14413

# CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1010 Hanover St, (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name [redacted] Marion Brock (Col)

{Residence, if in Baltimore, Give Street and Number.} 1010 Hanover St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH May 2 1903

AGE 5 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas F. Brock.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Cowell.

BIRTHPLACE OF MOTHER (State or country) Conn.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Baldwin M.D.

(Address) 603 S. Sharp St.

Filed July 30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908.

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 29 1908, that I last saw h[illegible] alive on July 29 1908, and that death occurred, on the date stated above, at 12 20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions. (DURATION) DAYS

Contributory (Primary) Acute Parenchymatous Nephritis (DURATION) DAYS

(Signed) C. Baldwin M.D.

Address 603 S. Sharp St.

Date July 29 1908.

Place of Burial London Park Cem

Date July 31st 1908

Undertaker E. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C14414 Registered No. B C14414

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 735 S Mountford av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Lidszanesit

{Residence, if in Baltimore, Give Street and Number.} 735 S Mountford av.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: July 6 1908

AGE: ..... years, ..... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas Lidszanesit

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarra Monbaus

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarra Lidszanesit

(Address) 735 S Mountford av.

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 29 1908 that I last saw h alive on July 27 1908 and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(Duration)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E F Britton M.D.

Address 1711 E Baltimore St

Date July 29th 1908

Place of Burial Immanuels Cemetery

Date July 31 1908

Undertaker Louis Heemann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C14415

Registered No. C C14415

# CERTIFICATE OF DEATH.

27.

(Place of Death.) No. 1611 E. Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Mueller

Residence, Give Street and Number, 1611 E Eager St.

Duration of Residence in Baltimore, 22 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Virginia

FULL NAME OF FATHER: Oswin Faulconer

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Joseph J. Mueller

(Address) 1611 E Eager St.

Filed 7/30 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July - 28 - 1908

I HEREBY CERTIFY, That I attended deceased from Febr. - 3 - 1908 to July - 28 1908

that I last saw her alive on July 28 1908

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion from extreme emaciation and starvation

(DURATION) 30 DAYS

Contributory (Primary) Laryngo pharyngeal phthisis (DURATION) 176 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121 - Jackson Square

Date July - 29 - 1908

Place of Burial Holy Redeemer Cemetery

Date July 31st 1908

Undertaker Henry Stockton Son

Address 1301 E Eager St

Remarks

Ward 14 C14416 Registered No. B C14416

# CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1825 Brunt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Metzkow

{Residence, if in Baltimore, Give Street and Number.} 1825 Brunt St

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 6 1906

AGE: 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Cornelius Metzkow

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magaret Schilling

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelius Metzkow

(Address) 1825 Brunt st

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 30 1908 that I last saw her alive on July 29 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

Diphtheria (DURATION) 3 DAYS

(Signed) J. H. Grosshans M.D.

Address 1303 Light st

Date July 30 1908

Place of Burial Holy Cross R. R. Co.

Date July 31st 1908

Undertaker Jos. Stumbles

Address 818 Light st

Funeral July 31 8 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C14417 Registered No. B 151 C14417

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes F. Fisher

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1908

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents Inf Asy

(Address) .....

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 28 1908 that I last saw her alive on July 28 1908, and that death occurred, on the date stated above, at .....

1. CAUSE OF DEATH (Secondary or Immediate) Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Sr. Fisher M.D.

Address 409 E. Biddle St.

Date July 29th 1908

Place of Burial Green Cathedral

Date July 30th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14418

Ward 12 C14418 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vibiana Padua

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy

(Address)

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 28 1908

that I last saw h[illegible] alive on " " 1908,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.B. Fisher M.D.

Address 9 E. Biddle St.

Date July 29 1908

Place of Burial Greenmount Cathedral

Date July 30 th 1908

Undertaker T. Martin Foley & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14419 Registered No. B [redacted]

# CERTIFICATE OF DEATH.

[redacted] 15

(Place of Death.) No. St. Vincents Inf Asylum St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Williams

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy.

Duration of Residence in Baltimore Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Dr.

DATE OF BIRTH July 20 1908

AGE ..... years, ..... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy Asy

(Address) .....

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to July 29 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address C. C. Bldg 5th

Date July 29 1908

Place of Burial Mt Cathedral

Date July 30-08

Undertaker Martin Bailey & Sons

Address 604 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14420 Registered No. B C14420

15

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dominic McManus

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH July 20 1908

AGE ..... years, ..... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 7/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to July 29 1908 that I last saw h.. alive on .. 1908, and that death occurred, on the date stated above, at 12

1. CAUSE OF DEATH (Secondary or Immediate) Premiture Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K.S. Finlay M.D.

Address 9. E. Biddle St.

Date July 29 1908

Place of Burial New Cathedral

Date July 30th 1908

Undertaker Martin Fahey & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C14421 — Registered No. C14421

# CERTIFICATE OF DEATH.

8

(Place of Death.) No. 325 N. High St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert S Hiss

{Residence, if in Baltimore, Give Street and Number.} 325 N. High

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feb 28 1902

AGE: 6 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel M Hiss

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Gertrude

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Hiss

(Address) 325 N High St

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 30 1908

that I last saw him alive on July 30 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea & Enteritis

Marasmus. Heart

failure.

(DURATION) 5 DAYS

Contributory (Primary.)

Pertussis (DURATION) 35 DAYS

(Signed) J M Schlinder M.D.

Address 331 E Baltimore St

Date July 30th 1908

Place of Burial Louden Park

Date July 31 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14422 Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Steve Sirenesky

{ Residence, if in Baltimore, Give Street and Number. } 2824 Elliott Street

Duration of Residence in Baltimore. 5 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 17 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Albert Sirenesky

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Kantak

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Albert Sirenesky

(Address) 2824 Elliott St.

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 28 1908

that I last saw him alive on July 28 1908

and that death occurred, on the date stated above, at 10 00 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) P. S. Clough M.D.

Address John Hopkins Hospital

Date July 29 1908

Place of Burial Holy Rosary

Date Friday July 31 1908

Undertaker M. F. Jackowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C14423 Registered No. B C14423

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 714 S. Wolf St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John Milenko

{ Residence, if in Baltimore, Give Street and Number. } # 714 S. Wolf St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Stephan Milenko.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Annie Krucick.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Milenko.

(Address) 714 S. Wolfe St

Filed 7/30 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 29, 1908 to July 29 1908 that I last saw him alive on July 29 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date July 30 1908.

Place of Burial St Stanislaus

Date Thursday July 30" 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14424 Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. East of Ann st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Palmer

{Residence, if in Baltimore, Give Street and Number.} 266 S Duncan alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Murray C. D. Palmer

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Murray Palmer

(Address) 1607 Mc. Elderry St.

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... July 27 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 .... to — 190 ....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Ludlow Conner M.D.

Address 320 N Green St

Date ..... 190 .....

Place of Burial Laurel Cem.

Date July 30 1908

Undertaker John H. Toadvine

Address 1412 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14425 Registered No. B C14425

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Perry A Thomas.

{ Residence, if in Baltimore, Give Street and Number. } 1117 N Dallas

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 33 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James A Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Cheer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Thomas

(Address) 1117 N Dallas St

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190

that I last saw h alive on ..... 190 ,

and that death occurred, on the date stated above, at 845 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonic Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo R Adams M.D.

Address Cor Mrs N & Eu

Date July 29 — 08 190

Place of Burial Mt Lyon Cemetery

Date July 30. 1908

Undertaker R St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14426

C14426

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2128 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. Schneiger

{ Residence, if in Baltimore, Give Street and Number. } 2128 Canton Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 13th 1908

AGE ..... years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Schneiger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Estella Murphy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schneiger

(Address) 2128 Canton Ave

Filed

7/30 1908

Registrar

HARRY C. ANDREWS,
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29/ 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 29 1908

that I last saw h in alive on July 29 1908

and that death occurred, on the date stated above, at 5:50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Asthema

(DURATION) DAYS

(Signed) G. C. Thieme M.D.

Address 2038 E. Balt St.

Date July 30/ 1908

Place of Burial New. Methodist Com.

Date July 30th 1908

Undertaker G. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14427 Registered No. B C14427
166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 420 South Lecton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Rosenicke

{Residence, if in Baltimore, Give Street and Number.} 211 S. Collington Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 31 1856

AGE: 51 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas. Rosenicke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johana Marr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Rosenicke

(Address) 211 S. Collington Ave

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Contusion and lacerations of head & face by falling amongst machinery accident (DURATION) ... DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) Ronald T. Abercrombie M.D.
Coroner

Address ...

Date July 29 1908

Place of Burial St. Pauls Cemetery

Date July 31 " 1908

Undertaker H. Saudy Sons

Address 1718 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14428

C14428

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Basil Mortimore

{Residence, if in Baltimore, Give Street and Number.} 627 N. Dallas Street

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 27 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Rachel Mortimore

(Address) 627 N. Dallas St

Filed 7/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to July 29 1908

that I last saw him alive on July 29 1908

and that death occurred, on the date stated above, at 1.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date July 29 1908

Place of Burial Cambridge Md.

Date July 30th 1908

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C14429 Registered No. B C14429

29

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Josephine Brown —

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR B.

DATE OF BIRTH 1

AGE 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Hollyday Sur.

(Address) [illegible] VIEW ASYLUM

Filed 7/30 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to July 28 1908 that I last saw him alive on July 28 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.

Sepsis or Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Tuberculosis Pulmonalis

(DURATION) DAYS

(Signed) W. H. Eskew M.D.

Address Bay View Hospital

Date July 29 1908

Place of Burial Mt. Auburn

Date July 30 1908

Undertaker R. A. Elliott

Address 504 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C14430

Ward..... Registered No. B..... C14430

97

# CERTIFICATE OF DEATH.

(Place of Death.) No. 708 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Edward Braslow

{Residence, if in Baltimore, Give Street and Number.} 708 Pierce St.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | B. |
| DATE OF BIRTH | June 18. 1908 |
| AGE | years, 2 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Clance Queen |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Viola Braslow |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Iron |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Elizabeth Hastings

(Address) 708 Pierce

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to July 28 1908 that I last saw him alive on July 28 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. L. Blake M.D

Address 1021 Eastern Ave

Date July 29 1908

Place of Burial Fpt. Huston

Date July 30 1908

Undertaker R. E. Elliott

Address 506 Riggs Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14431 Registered No. B C14431

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. July 1206 Hare St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Golcinski

{ Residence, if in Baltimore, Give Street and Number. } 1206 Hare St -

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ White | COLOR White

DATE OF BIRTH ..... 1

AGE 0 years, 4 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER Lawrence Golcinski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophie Silver

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1206 Hare St

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to July 30 1908

that I last saw h[illegible] alive on July 29 1908

and that death occurred, on the date stated above, at 5[illegible] a. m. CAUSE OF DEATH (Secondary or Immediate

Gastro - Enteritis

4 (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C. S. Green M.D.

Address 619 E. Fast Park Ave

Date July 30 1908

Place of Burial St. Marys Cem. Mt. Carmel Rd.

Date July 31 1908

Undertaker Wendell Diffenderffer & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

C14432

Registered No. B.....

Registered No. D.....

City of Baltimore, (No. 14, Brady Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Schmidt

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1908 (Year)

AGE: ..... years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Schmidt

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lillie M. Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1210 W. Lombard

Filed 7/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28th 1908 to July 29 1908 that I last saw h[illegible] alive on July 28 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Acute Enterocolitis
Exhaustion & Syncope

(DURATION) 5 DAYS

Contributory Acute Enterocolitis

(DURATION) 5 DAYS

(Signed) J. J. Pillsbury M. D.

July 29 1908 (Address) 2801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ridgewood Cem. Balto Co. Md.

DATE OF BURIAL: July 31st 1908

UNDERTAKER: John J. Fields

ADDRESS: 1210 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C14433 Registered No. B C14433

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 Hoffman Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George S. Brady.

{ Residence, if in Baltimore, Give Street and Number. } 1734 Hoffman Pl.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE x years, 5 months, x days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brady

(Address) 1734 Hoffman Place

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Cannon M.D.

Address Corner Mt & Fulton

Date July 29 — 1908

Place of Burial Mount Carmel

Date July 30 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward C14434 Registered No. B C14434

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 21 St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bruce (Bouse)

{Residence, if in Baltimore, Give Street and Number.} 328 S. Duncan Alley

Duration of Residence in Baltimore. 54 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: July 30th 1840

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Thompson

(Address) 328 S. Duncan alley

Filed 7/30 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 28 1908

that I last saw h im alive on July 28 1908

and that death occurred, on the date stated above, at 3.3 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Heart failure

(DURATION) DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) William L. Burns M.D.

Address St. Josephs Hospital.

Date July 28th 1908.

Place of Burial St. Patricks cem.

Date July 31st 1908

Undertaker Jno. A. Inman

Address Bank & Annts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14435 Registered No. B

# CERTIFICATE OF DEATH.

C14435
61

(Place of Death.) No. 229 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Brooks.

{Residence, if in Baltimore, Give Street and Number.} 229 N. Duncan St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED /

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Vaden Beloby

BIRTHPLACE OF FATHER (State or country) Nord. York

MAIDEN NAME OF MOTHER Mary Mcrotty.

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaden Beloby

(Address) 227 N. Duncan St.

Filed 7/30 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 30 1908 that I last saw h[illegible] alive on - 190-, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 5 DAYS

Contributory (Primary) Cerebro Spinal

(DURATION) DAYS

(Signed) W. J. Bryan M.D.

Address 2608 Abbott St

Date July 30 1908

Place of Burial Holy Redeemer

Date July 31 190-

Undertaker Frank Brooks Son

Address 190[illegible] Bloom St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — Registered No. B C14436

C14436

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 Orleans st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irene Klima

{Residence, if in Baltimore, Give Street and Number.} 2115 Orleans st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE X years, X months, 7 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank Klima

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Sophia Sott

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Klima

(Address) 2115 Orleans st.

Filed 7/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (Infantile)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Geo. A. Cornthwaite M.D.

Address Coroners Office

Date July 30 1908

Place of Burial Holy Redeemer July 31 1908

Undertaker Grant Enoch & Son

Address 1904 Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 C14437 Registered No. B C14437

36

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Park ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas A Naylor

{Residence, if in Baltimore, Give Street and Number.} 1622 Park ave

Duration of Residence in Baltimore. 28 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 4th 1848

AGE: 59 years, 8 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Isaac Naylor

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Feely Parsons

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence A. Naylor.

(Address) 1622 Park Ave.

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th, 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1907 to July 29th 1908.

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General cessation of all functions due to presence of gumma - tous growth at base of brain, of several years (DURATION)

Contributory (Primary.) ?

(DURATION) DAYS

(Signed) Eldridge C. Price M.D.

Address 1012 Madison Ave.

Date July 29th, 1908

Place of Burial Druid Ridge Cemetery

Date Aug 1st 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

Eldridge Price madison

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14438 Registered No. B C14438

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1612 E Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catharine A Wilkening

{Residence, if in Baltimore, Give Street and Number.} 1612 E Biddle st

Duration of Residence in Baltimore. 60 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 18th 1827

AGE: 80 years, 9 months, 12 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Grote

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Anna M. Long

(Address) 1612 E Biddle st

Filed 7/31 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday July 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 24th 1908 to July 30th 1908 that I last saw h~~er~~ alive on July 25th 1908, and that death occurred, on the date stated above, at 12.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

(DURATION) 6 DAYS

Contributory (Primary.) Dysentery

(DURATION) 6 DAYS

(Signed) [illegible] M.D.

Address 607 N Charles St

Date July 30 1908

Place of Burial London Park Cemetery

Date ~~July~~ Aug 1st 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 34 C14439 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1437 E. Pratt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Berman

{Residence, if in Baltimore, Give Street and Number.} 1437 E. Pratt St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Simon Berman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sophia Subuskey

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Berman

(Address) 1437 E. Pratt

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to July 31st 1908 that I last saw h[er] alive on July 29th 1908 and that death occurred, on the date stated above, at 6.35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 4 mos DAYS

Con'ributory (Primary.) Gastro Enteritis

(DURATION) 14 DAYS

(Signed) A. F. Rei M.D.

Address 213 S. Bradford

Date July 31st. 1908

Place of Burial Bani' Israel

Date July 31 1908

Undertaker McGinnis & Carroll

Address 1227 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14440

105

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14440

City of Baltimore, (No 1729, William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dollie Anne Kirby

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Dec. 1st 1907 (Month) (Day) (Year) |
| AGE | ..... years, 7 months, 30 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Joseph E. Kirby |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Dollie Norfolk |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dio Kirby

(Address) 1729 W. Williams St

Filed 7/31 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17th 1908 to July 29th 1908 that I last saw her alive on July 25th 1908, and that death occurred, on the date stated above, at 1.15 P.M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 12 DAYS

Contributory — Sprue

(DURATION) 1 DAYS

(Signed) Jennie D. Bourne M. D.

July 30th 1908 (Address) 1223 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemetery | July 31 1908 |
| UNDERTAKER | ADDRESS |
| William H. Higdon | 851 Lanvale St |

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — C14441 — Registered No. B 1 151

C14441

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Whatcoat St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Eva Matthews

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: July 29 1908

AGE: ____ years, ____ months, 3 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): 1103 Whatcoat St

FULL NAME OF FATHER: John Matthews

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to ____ 190

that I last saw h[er] alive on 7-29- 1908

and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) DAYS

Con'ributory (Primary.) twin pregnancy

(DURATION) DAYS

(Signed) Geo H Edmunds M.D.

Address Interne Maryland Hospital Home

Date July 29 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 30 1908 190

Commissioner Health.

Undertaker Per. Wm. E. WOOD

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours*** ***after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15-3

Ward ..... C14442 Registered No. B ..... C14442

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 140 W. Pratt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Annie Dillott

{ Residence, if in Baltimore, Give Street and Number. } 140 W. Pratt st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH Unknown 1

AGE (about) — years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Annie Dillott

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Pratt

(Address) 140 W. Pratt St.

Filed 7/31 1908

HARRY C. J. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Nicholas Baldwin M.D.

Address Two Lof. Av. Corner

Date July 30th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 30 1908 190 ....

Commissioner Health.

Per. Wm. E. WOODALL

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14443 Registered No. B C14443

63

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Holland

{Residence, if in Baltimore, Give Street and Number.} Same No 1026 N. Eden St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 58 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Boone

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elenore Ashcelay

(Address) 1026 N Eden St

Filed 7/31 190 8 HARRY C. ANDREE Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30. 1908

I HEREBY CERTIFY, That I attended deceased from October 1906 to July 30. 1908 that I last saw h[er] alive on " 29 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

2 weeks

Chronic Nephritis (DURATION) 2 yrs 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St

Date Balto July 30. 1908

Place of Burial Lowden Park

Date Aug 1st 1908

Undertaker John H Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14444

105

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B14444

City of Baltimore, (No. 410, N. Duncan El. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Antone William Hudecek

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 30 (Day) 1908 (Year)

AGE: 1 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John F. Hudecek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Barbra A. Kresena

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Hudecek

(Address) 410. N Duncan. st

Filed 7/31 1908

JOHN C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 30 1908 that I last saw him alive on July 30 1908, and that death occurred, on the date stated above, at 6.15 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Samuel J. Steig M. D.

July 30 1908 (Address) 2301 E Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Thomas | Aug 1 1908 |
| UNDERTAKER | ADDRESS |
| Grant Enoch & Son | 1904 Eastland |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C14445 Registered No. B ..... C14445

43

# CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ella. F day

{ Residence, if in Baltimore, Give Street and Number. } 506 Cathedral

Duration of Residence in Baltimore. 48 yrs +

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH April 19 1857

AGE 51 years, 3 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED ~~Widowed~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John D Day

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER ~~Ellen~~ Ann Shipley

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rufus W Applegarth

(Address) 18 E. Lexington Sta

Filed 7/31 1908 (BUREAU OF VITAL STATISTICS PERMIT CLERK.)

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to July 30 1908

that I last saw h e alive on July 30 1908

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Metastasis to Pleura and Lungs

3 mos (DURATION) DAYS

Contributory (Primary.) Cancer of Breast 8 months (DURATION) DAYS

(Signed) Jno C Blandford M.D.

Address 904 N. Charles St

Date July 30 1908

Place of Burial Loudon Park

Date July 31 1908

Undertaker Jno Block

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C14446 Registered No. B C14446

# CERTIFICATE OF DEATH.

8

(Place of Death.) No. 1017 N. Payson St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Martha Doris Dols

{Residence, if in Baltimore, Give Street and Number.} 1017 Payson St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 18 1906

AGE 2 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm. Dols.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Lulu Driggins.

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. C. Shannon

(Address) 700 N. Fulton Ave

Filed 7/31 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29. 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to July 29 1908 that I last saw her alive on July 29 1908, and that death occurred, on the date stated above, at 12 noon.

I. CAUSE OF DEATH (Secondary or Immediate)

Dentition

(DURATION) —, DAYS

Contributory (Primary.) Pertussis.

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date July 29. 1908

Place of Burial Loudon Park

Date July 31 1908

Undertaker Jno B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 — C14447 — Registered No. B C14447

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. Frank Harner

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH June 22 1901

AGE ..... years, ..... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infancy

(Address)

Filed 7/31 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 29 1908 that I last saw h alive on ..... 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Con ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J.S. Fisher M.D.

Address 9.6. Biddle St.

Date July 30 1908

Place of Burial Green Cathedral

Date July 31 1908

Undertaker Martin Fisher & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14448 Registered No. B C14448

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant's Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ella Cline

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH ..... 1.....

AGE ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address) .....

Filed 7/31 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 29 1908

that I last saw h.. alive on ..... 190....,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) J. S. T. Duke M.D.

Address 9 E. Biddle St.

Date July 29 1908

Place of Burial New Cathedral

Date July 31st. 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C14449 — Registered No. B C14449

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Douglas

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 7/31 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 1908, that I last saw h— alive on ..... 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date July 30 1908

Place of Burial Mount Cathedral.

Date July 31 st. 1908

Undertaker Martin Fahy & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C14450 Registered No. B C14450

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. 920 N. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hurd

{ Residence, if in Baltimore, Give Street and Number. } 920 N. Fayette St

Duration of Residence in Baltimore. 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 22 1843

AGE: 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: John Hurd

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Elizabeth Lewis

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John A Fox

(Address) 920 N Fayette

Filed 7/31 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 — 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 30 1908 that I last saw h-im alive on July 29 1908, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

Dau Hurd (DURATION) DAYS

Contributory (Primary.) Asthenia & Coma

(DURATION) 7 DAYS

(Signed) Henry C. Ehle M.D.

Address 1203 N. Fayette St

Date July 30 Lonshoreman Abbow 1908

Place of Burial Gulf Montgomery Co Pa

Date Aug 2 1908

Undertaker Wilbur H Shriver

Address 216 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C14451 Registered No. B C14451

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2 Becks. Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian C. Manger

{Residence, if in Baltimore, Give Street and Number.} 2 Becks Lane.

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 3rd. 1907

AGE: 1 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Geo. M Manger

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Elizabeth Keeny

BIRTHPLACE OF MOTHER (State or country): Washington D. C

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M Manger

(Address) 2 Becks Lane

Filed 7/31 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30. 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to July 30. 1908

that I last saw h[illegible] alive on July 29 1908,

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Meningitis

(DURATION) 4 DAYS

(Signed) [illegible] M.D.

Address 1735 Stiles St

Date July 30 1908

Place of Burial Baltimore Cemetery

Date July 31st 1908

Undertaker George Bentz

Address 594 N Bidde St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14452 Registered No. B C14452

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 230 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie K. Preller

{Residence, if in Baltimore, Give Street and Number.} 230 S. Chapel st.

Duration of Residence in Baltimore. 46 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 20 Feb. 1820

AGE: 88 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ger.

FULL NAME OF FATHER: George Dicker

BIRTHPLACE OF FATHER (State or country): Ger.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ger.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie K. Finchs

(Address) 230 S. Chapel st.

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 — 1908

I HEREBY CERTIFY, That I attended deceased from July 10 — 1908 to July 30 — 1908 that I last saw h[er] alive on July 26 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility — Ileus —

2 wks. (DURATION) — DAYS

Contributory (Primary.) Pyelitis (DURATION) ..... DAYS

(Signed) J. W. Bruner M.D.

Address 125 S. Bond

Date July 31/08 1908

Place of Burial Holy Redeemer

Date Aug. 3 1908

Undertaker Geo. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C14453 Registered No. B C14453

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 828 St. Paca

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bury

{Residence, if in Baltimore, Give Street and Number.} 828 S Paca St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 23rd 1907

AGE: 1 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Bury

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Sullivan

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bury

(Address) 828 S. Paca

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to July 30 1908

that I last saw h[illegible] alive on July 29 1908 9.20

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Edw Grunert M.D.

Address 517 Lemmon

Date July 30th 1908

Place of Burial Mt. Olivet

Date July 31 1908

Undertaker H. J. Tuckerman & Son

Address Edmondson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C14454

C14454

# CERTIFICATE OF DEATH.

165

(Place of Death.) No. 932 Fell St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Bartkowiak

{ Residence, if in Baltimore, Give Street and Number. } 932 Fell

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Bartkowiak.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jadwiga Kalish.

BIRTHPLACE OF MOTHER (State or country): German Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jadwiga Bartkowiak

(Address) 932 Fell St

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to July 30 1908 that I last saw h— alive on July 30 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 1 Bradley

Date July 30 1908

Place of Burial St Stanislaus.

Date Friday July 31st 1908

Undertaker M. F. Hadow's Sons

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14455 — Registered No. B C14455

# CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1749 E Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Willie Samborski

{Residence, if in Baltimore, Give Street and Number.} 1749 E Pratt st

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Gust Samborski.

BIRTHPLACE OF FATHER (State or country): German Poland.

MAIDEN NAME OF MOTHER: Katie Szmudzejuska,

BIRTHPLACE OF MOTHER (State or country): German Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gust Samborski

(Address) 1749 E. Pratt St

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 31 1908 that I last saw h— alive on July 30 1908, and that death occurred, on the date stated above, at 1.15 a m. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address 16 E Baltimore

Date July 31 1908

Place of Burial St Stanislaus

Date Sunday Aug 2" 1908

Undertaker M. F. Sadow Rec

Address 703 S. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C14456

Registered No. B C14456

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2552 Hollins St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Nicholas and Cecelia Lendner St.

Full Name ~~Landauer~~

{Residence, if in Baltimore, Give Street and Number.} 2552 Hollins St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30th 1908

AGE: — years, — months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Nicholas Lendner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cecelia Budcomer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Nicholas Lendner

(Address) 2552 Hollins St

Filed 7/31 1908

HARRY C. ANDR[illegible] Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30, 1908

I HEREBY CERTIFY, That I attended deceased from July 30, 1908 to July 30, 1908 that I last saw him alive on July 30, 1908, and that death occurred, on the date stated above, at 8:30 p. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debilaty.
Lived about one hour after birth.

(DURATION) one hour ~~DAYS~~

Contributory (Primary.) Premature labor (DURATION) — DAYS

(Signed) C. A. Dickey M.D.

Address 14 N. Monroe St.

Date July 31, 1908

Place of Burial Cathedral Cemetery

Date July 31st 1908

Undertaker F. B. Kuepper

Address 1 Frederick Av. Catd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C14457

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14457

City of Baltimore, (No. 1119 E. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Cox

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: February (Month) 22 (Day) 1908 (Year)

AGE: ____ years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Cox

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Jennie Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Cox

(Address) 1119 E. Lexington St.

Filed 7/31 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) Thirtieth (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to July 30 1908 that I last saw her alive on July 30 1908, and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Summer Diarrhoea

(DURATION) ____ DAYS

(Signed) Caroline Towles M. D.

July 31 1908 (Address) J. Hopkins Disp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cem | July 31 1908 |
| UNDERTAKER | ADDRESS |
| R. A. Elliott | 506 Rose |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C14458 Registered No. B

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1030 E. Eutaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Virginia Taylor

{ Residence, if in Baltimore, Give Street and Number. } 1030 E. Eutaw St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: C.

DATE OF BIRTH: 1

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Joseph Taylor

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Annie Reese

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Taylor

(Address) 1030 Eutaw St

Filed 7/31" 1908 MARY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to July 29 1908 that I last saw her alive on July 29 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) 20 DAYS

(Signed) H. J. Smith M.D.

Address 628 Hanover St

Date July 30 1908

Place of Burial Mt Auburn Ct

Date July 31st 1908

Undertaker D. L. Brown & Son

Address 1087 Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14459

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14459

City of Baltimore, (No. 2600, York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Reider

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 24 (Day) 1847 (Year)

AGE: 61 years, 2 months, 6 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: John Chambers

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Chambers

(Address) Lutherville Balto Co

Filed 7/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to July 29 1908

that I last saw h[illegible] alive on July 29 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Scrofulous ulceration of right hip joint with necrosis extending along femour

about Eight Months (DURATION) ..... DAYS

Contributory Diarrhea

(DURATION) 15 DAYS

(Signed) John E Barron M. D.

July 29 1908 (Address) 2625 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Towson Town Md

DATE OF BURIAL: Aug 1 1908

UNDERTAKER: E. A. Kidd & Sons

ADDRESS: 213 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C14460

C14460

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 106 S Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Wilhelmine Gustanes

{ Residence, if in Baltimore, Give Street and Number. } 106 S Patterson Park Av

Duration of Residence in Baltimore. 35 Jears

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Jan 14 1851 |
| AGE | 57 years, 4 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Wilhelm Aberle |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Caroline Krug. |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Quartin Meyerdick Pat

(Address) 1925 E Pratt St

Filed 7/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from May - 1907 to July 29 1908

that I last saw h.. alive on July 29 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma - Fastus -

17 (DURATION) DAYS

Contributory (Primary.) Cardiac failure -

125 - (DURATION) DAYS

(Signed) J. O. Bowers M.D.

Address 125 E Balto

Date July 30 - 08 1908

Place of Burial Mt. Olivet.

Date AUG 1 - 1908

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C14461 Registered No. B C14461

# CERTIFICATE OF DEATH.

177

(Place of Death.) No. Light St. Draw Bridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George R. Simms

{Residence, if in Baltimore, Give Street and Number.} 541 Walnut ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard Simms

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Douglass

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Simms (Father)

(Address) 541 Walnut Ave

Filed 7/31 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1.15 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) ... DAYS

Con'tributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date July 31 1908

Place of Burial in Laurel Cemetery

Date August 1 1908

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14462 Registered No. B C14462

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 205 N Fremont ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles H. Meyers

{Residence, if in Baltimore, Give Street and Number.} 205 N. Fremont ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 12 1905

AGE: — years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Charles Myers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Magina L Swann

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Charles Myers

(Address) 205 N Fremont ave

Filed 7/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 29th 1908 to July 31 1908 that I last saw him alive on July 30th 1908 and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

One dys (DURATION) DAYS

Con'ributory (Primary.) Marasmus

7 weeks (DURATION) — DAYS

(Signed) John F Mangen M.D.

Address 1002 Edmondson ave

Date July 31 1908

Place of Burial Arnolds Junction Md

Date Aug 1 1908

Undertaker W H Routson

Address Greene & Saratoga sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14463 Registered No. B C14463

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Harry and Eva M Helmlein

{Residence, if in Baltimore, Give Street and Number.} (1512) 1512 W Fayette

Duration of Residence in Baltimore. Life (Helmlein)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 31 1905

AGE: — years, — months, 15 Minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

~~BIRTHPLACE~~ (State or country): City

FULL NAME OF FATHER: Harry Helmlein

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Eva May Hide

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry Helmlein

(Address) 1512 W Fayette St

Filed 7/31 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1905

I HEREBY CERTIFY, That I attended deceased from July 31 1905 to July 31 1905 that I last saw her alive on July 31 1905 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Child lived 15 min after several trials of resuscitation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A Evans M.D.

Address 1011 N. Carey St

Date July 31. 1905

Place of Burial London Park

Date Aug 1 1905

Undertaker Jos B. Cook

Address 1013 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

# HEALTH DEPARTMENT, City of Baltimore.

C14464

Registered No. C 14464

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Williams Wilson Sanitarium Mt Wilson Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Ellis

Residence, Give Street and Number, 916 Warren Ave

Duration of Residence in Baltimore, 5 months

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/31 1908

HARRY C. ANDREWS. Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 28 1908

that I last saw h e alive on July 28 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Ileo colitis

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D Wm Knox M. D.

Address 804 Cathedral St

Date July 30th 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 3 1908 190

Undertaker Commissioner Health,

Address Per Wm. E. WOODALL

Remarks FOR STATISTICAL PURPOSES

C14465 C14465

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. 656 W. Franklin st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas H. Myers

{Residence, if in Baltimore, Give Street and Number.} 1421 W. Franklin st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 27 1853

AGE 55 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Chas. R. Myers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Scheeder

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter E. Myers

(Address) 1421 W. Franklin St

Filed 7/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1900 to July 30th 1908

that I last saw him alive on July 30th 1908

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Interval Hemorrhage

of Asthenia.

(DURATION) 1 hour.

Contributory (Primary) Nephritis

eight years (DURATION) DAYS

(Signed) John T. McCauley M.D

Address 656 W Franklin St

Date July 30th 1908

Place of Burial Loudon Park

Date Aug. 2nd 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7P C14466 Registered No. B C14466 C14466

# CERTIFICATE OF DEATH.

50

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emory Tipton

{ Residence, if in Baltimore, Give Street and Number. } 1721 N Charles St.

Duration of Residence in Baltimore. 4 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Harford Co Md.

FULL NAME OF FATHER James W Tipton

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Matilda Frances

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard R Tipton

(Address) 1721 N Charles St

Filed 7/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 25th 1908 to July 30 1908 that I last saw him alive on July 30 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peritoneal Abscess

(DURATION) DAYS

Contributory (Primary.)

Diabetes Mellitus (DURATION) DAYS

(Signed) G. H. Richards M.D. M.D.

Address University Hospital Balto

Date July 30th 1908

Place of Burial Joppa Harford Co Md

Date July 3/08 1908

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14467 Registered No. B ..... C14467

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 243 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Asphen H. Christie (Christie)

{ Residence, if in Baltimore, Give Street and Number. } 2343 Eastern Ave.

Duration of Residence in Baltimore. 41 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Oct 5. 1837

AGE: 71 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Nehrmann

BIRTHPLACE OF FATHER (State or country): Bremen

MAIDEN NAME OF MOTHER: Sophia Von Karl

BIRTHPLACE OF MOTHER (State or country): Bremen

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hunsler

(Address) 2343 Eastern Ave.

Filed 7/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to July 30 1908 that I last saw h-- alive on July 30 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Chatham M.D.

Address 16 E. Bradley

Date July 31 1908

Place of Burial Baltimore Cem.

Date ~~July~~ Aug 2 1908

Undertaker Wm. Cook.

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14468

Ward 6 C14468 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 204 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Dockins.

{Residence, if in Baltimore, Give Street and Number.} 204 N Bradford St

Duration of Residence in Baltimore. 25 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX female | COLOR colored |
| DATE OF BIRTH | 1 |
| AGE | 53 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Dochester Co Maryland |
| FULL NAME OF FATHER | Columbus Conway |
| BIRTHPLACE OF FATHER (State or country) | Dorchester Co Maryland |
| MAIDEN NAME OF MOTHER | not known |
| BIRTHPLACE OF MOTHER (State or country) | not known |
| OCCUPATION OF DECEASED | washing |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Thompson

(Address) 204 N Bradford

Filed 8/1" 1908 MARY S. ANDREWS Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 29 1908 that I last saw her alive on July 29 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 31 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date July 30, 1908

Place of Burial St Mary Cemetery

Date July Aug 2 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C14469 Registered No. B 120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 502 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Asbury Hughes

{Residence, if in Baltimore, Give Street and Number.} 502 N. Eden St

Duration of Residence in Baltimore. 8 yrs

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored |
| DATE OF BIRTH | ..... 1 |
| AGE | 80 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Eastern Shore Md |
| FULL NAME OF FATHER | Jessie Hughes |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Mary Hughes |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hughes

(Address) 502 Eden

Filed 8/1" 1908 [illegible] Registrar

HARRY C. ANDREWS, [illegible]

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29— 1908

I HEREBY CERTIFY, That I attended deceased from July 16— 1908 to July 29— 1908 that I last saw him alive on July 29— 1908, and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Convulsions + Coma

(DURATION) 13 DAYS

Contributory (Primary.) Bright's disease + Cy

(DURATION) ____ DAYS

(Signed) W. F. Jamison M.D.

Address 134 E Druid Hill Ave

Date July 30 — 1908

Place of Burial Woodlawn Cemetery

Date Aug 2 1908

Undertaker R. R. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C14470 Registered No. B ..... C14470

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 402 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Roger Craig

{Residence, if in Baltimore, Give Street and Number.} 402 N. Hoffman St.

Duration of Residence in Baltimore. 3 mos 13 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: April 16 1905

AGE: ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Mary Harvey

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) adopted Mother Mary Craig

(Address) 402 N. Hoffman St

Filed 8/1" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 30 1908 that I last saw h[illegible] alive on July 30 1908, and that death occurred, on the date stated above, at 5.3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

(DURATION) 2 Weeks

Contributory (Primary.) Syphilis since birth

(DURATION) ..... DAYS

(Signed) M. A. Mahon M.D.

Address 1711 Madison Ave.

Date July 31 - X 1908

Place of Burial Laurel Cemetery

Date Aug 1 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 — C14471 — Registered No. B C14471

# CERTIFICATE OF DEATH. 47

(Place of Death.) No. 749 Ryan st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanny Amelia Kraff

{Residence, if in Baltimore, Give Street and Number.} 749 Ryan st.

Duration of Residence in Baltimore. 7 mos and 17 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR ~~colored~~ white

DATE OF BIRTH May 26 1854

AGE 54 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Middletown Frederick Co Md

FULL NAME OF FATHER John Henry Williams

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Fannie Porter

BIRTHPLACE OF MOTHER (State or country) Middletown Valley Md.

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Williams

(Address) 413 Perry St.

Filed 8/1" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 31 1908 that I last saw her alive on July 28 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Uterus

(DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address University Hospital

Date July 31 1908

Place of Burial Mt. Auburn Cem

Date aug 1st 1908

Undertaker Jos. N. Risdenon & Son

Address 515 S. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C14472 Registered No. B C14472

29

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Ridgely St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland B. Cannon

{ Residence, if in Baltimore, Give Street and Number. } 1114 Ridgely St.

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | June 17 1908 |
| AGE | ....years, 1 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Milton B. Cannon |
| BIRTHPLACE OF FATHER (State or country) | Balto. Md. |
| MAIDEN NAME OF MOTHER | Emma Sanders |
| BIRTHPLACE OF MOTHER (State or country) | Balto Md. |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jos. Sanders

(Address) 1114 Ridgely st.

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 31 1908 that I last saw h— alive on July 31 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis enteritis

(DURATION) 4 DAYS

Contributory (Primary.) Coma & General oedema (DURATION) 1 DAYS

(Signed) H E Kirby M.D.

Address 1002 N. Lanvale

Date July 31/08 1908

Place of Burial New Cathedral Cemetery

Date Aug 1st 1908

Undertaker Jas. Pilgrim & Sons

Address 751 Patapsco St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 — C14473 — Registered No. B C14473

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1179 Cleveland st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cavanaugh

{ Residence, if in Baltimore, Give Street and Number. } 1179 Cleveland st

Duration of Residence in Baltimore. 55 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 10 1837

AGE: 71 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Leonard

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary L. Stallings

(Address) 1179 Cleveland st

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to July 31 1908 that I last saw her alive on July 30 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Entiritis

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion (DURATION) 1 DAYS

(Signed) Edward Pumphrey M.D.

Address 317 Lexington

Date July 30 1908

Place of Burial New Cathedral Cemetery

Date Aug 3rd 1908

Undertaker James Dugan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14474

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14474

City of Baltimore, (No. 742 N. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Cropacy

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 48 years, — months, — days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Boston Mass.

FULL NAME OF FATHER: Jno. Talbot

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Estelle C. Cropsey

(Address) 742 N. Saratoga St.

Filed 8/1 1908

HARRY C. ANDREWS, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 30 1908 that I last saw h er alive on July 29 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis degeneration of arteries and nephritis (DURATION) Unknown DAYS

Contributory Gnatruitis (DURATION) 10 DAYS

(Signed) D O'Brien M. D.

July 30 1908 (Address) 1029 Eldorado

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... Yr.

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Aug 2 1908

UNDERTAKER: Geo W Little

ADDRESS: 531 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C14475

C14475

# CERTIFICATE OF DEATH.

164

(Place of Death.) No. Luzerne St. Canton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Deasel

{ Residence, if in Baltimore, Give Street and Number. } X 511 S. Patterson Park Ave

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 1 | |
| AGE: 51 years, — months, — days | |
| ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married | |
| BIRTHPLACE (State or country): Baltimore Md. | |
| FULL NAME OF FATHER: Henry Deasel | |
| BIRTHPLACE OF FATHER (State or country): Germany | |
| MAIDEN NAME OF MOTHER: Julia Penning | |
| BIRTHPLACE OF MOTHER (State or country): Germany | |
| OCCUPATION OF DECEASED: Cooper | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Deasel

(Address) 511 S. Patterson Park Ave

Filed 8/1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Crushed Skull by fall of timber

Accidental

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Dudley Crane M.D.

Address 320 h Greene St

Date July 31st 1908

Place of Burial Holy Redeemer

Date Aug 3rd 1908

Undertaker Wendell Diffel Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C14476

Registered No. B C14476

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 823 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. P. Dietrich

{Residence, if in Baltimore, Give Street and Number.} 823 Harford Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Philip Dietrick

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Johanna Sachs.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Johanna Dietrick

(Address) 823 Harford ave

Filed 8/1 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1908 to July 30 1908 that I last saw h alive on July 30, 1908, and that death occurred, on the date stated above, at 4-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 7 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Cunningham M.D.

Address 653 Columbia Ave.

Date July 31, 1908

Place of Burial Balto Cemetery

Date Aug 2 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C14477 — Registered No. B C14477

92

# CERTIFICATE OF DEATH.

(Place of Death.) No. 219 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence V. White

{Residence, if in Baltimore, Give Street and Number.} 219 Hanover St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 28th 1908

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Lee A. White

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Sarah E. Phillips

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee A. White

(Address) 219 Hanover

Filed 8/1 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 11th 1908 to July 30th 1908

that I last saw h alive on July 30th 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Thumlin

(DURATION) DAYS

Contributory (Primary) Broncho-pneu-monia (DURATION) DAYS

(Signed) [illegible] M.D.

Address 506 N Charles St

Date July 31st 1908

Place of Burial Thompson Station Hanover Co. Va.

Date 8/1/08 1908

Undertaker J. Herring & Son

Address 2008 Aliceana St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C14478 Registered No. B C14478

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Schneider

{Residence, if in Baltimore, Give Street and Number.} 1709 N. Port St.

Duration of Residence in Baltimore. 35 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 16th 1853

AGE 55 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schneider

(Address) 1709 N. Port St

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30. 1908

I HEREBY CERTIFY, That I attended deceased from April 30. 1908 to July 30. 1908 that I last saw him alive on July 30. 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.) Atrophic Gastritis

(DURATION) 90 DAYS

(Signed) F. J. Sebold M.D.

Address 1001 Aisquith St.

Date Aug. 1st. 1908

Place of Burial Balto Cem.

Date Aug 2/08 190

Undertaker J. Herwig & Son

Address 1008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14479 Registered No. B C14479

# CERTIFICATE OF DEATH. 66

(Place of Death.) No. 410 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Conrad

{ Residence, if in Baltimore, Give Street and Number. } 410 N Chester

Duration of Residence in Baltimore. 28 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27 1842

AGE: 66 years, 4 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Monara

FULL NAME OF FATHER: Joseph Figman

BIRTHPLACE OF FATHER (State or country): Monava

MAIDEN NAME OF MOTHER: Ourbrow

BIRTHPLACE OF MOTHER (State or country): Monara

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Conrad

(Address) 410 N Chester

Filed 8/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 30 1908 that I last saw her alive on July 29 1908, and that death occurred, on the date stated above, at 8 30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) Alfred Sage M.D.

Address 709 N Bidway

Date 7/30/08 190

Place of Burial Oak Hill Cem

Date Aug 1/08 190

Undertaker J Henry Hon

Address 1008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14480 Registered No. B C14480

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel E. Scott

{Residence, if in Baltimore, Give Street and Number.} 1518 Druid Hill Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles E Scott

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md. ~~Eleven, Co. N. C.~~

MAIDEN NAME OF MOTHER: Evelina Beasley

BIRTHPLACE OF MOTHER (State or country): Eleven, Co, N. C.

OCCUPATION OF DECEASED: Evelina Scott

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evelina Scott

(Address) 1518 Druid Hill Ave

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to July 31 1908 that I last saw h[illegible] alive on July 31 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B. Burden M.D.

Address 828 N. Carrollton Ave.

Date 190

Place of Burial Mt Auburn Cemetery

Date Aug 2 1908

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C14481 Registered No. B ..... C14481

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 823 S. Montford av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kasper

{ Residence, if in Baltimore, Give Street and Number. } # 823 Montford av.

Duration of Residence in Baltimore. Life-time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH April 15th 1908

AGE ..... years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michal Kaszka

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia, — —

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Kaspar

(Address) 823. Montford Ave

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to July 31 1908 that I last saw her alive on July 30 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ann St.

Date July 31 1908

Place of Burial St. Stanislaus

Date ~~July~~ August 1 1908

Undertaker William Giallowski

Address #24 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Balt

Ward 15 C14482 Registered No. B C14482

# CERTIFICATE OF DEATH.

177

(Place of Death.) No. 1608 N Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Williams

{Residence, if in Baltimore, Give Street and Number.} 1608 Vincent St Co Baldwin has given a statement that this man is named Nellams

Duration of Residence in Baltimore. 45 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about seventy years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Indiana

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Old soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Henry

(Address) 1616 Vincent St

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer Of Face

about Six Mos (DURATION) DAYS

Con'tributory (Primary.) Unknown

(DURATION) DAYS

(Signed) Chas Bachman M.D.

Address 700 Eng. Av. (County)

Date July 31st 1908

Place of Burial National Cem

Date Aug 1 1908

Undertaker R L Packhamanaco

Address 1213 N Pauhst

Surface

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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# Certificate of Death.

(To be Retained by Physician.)

Date of Death, July 31 - 1908

Name of Deceased, John Nellems

Sex, Male or Female, Male

Age, About 70 years

Color, Colored

Married, Single, Widow or Widower,

Occupation, Old Soldier

Birthplace, Mass

Duration of Residence in Baltimore City, 40yrs,

Place of Death, 1608 Vincent St

Residence, Do

Cause of Death, General Debility

Duration of Disease, 6 months

Contributory cause,

Duration,

(Sig.) Wm Bardinn M.D.
Coroner
N. W. District
Balto.

**I. GENERAL DISEASES.**

*(A.) Epidemic diseases.*

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

*(B.) Other general diseases.*

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and charbon
23. Rabies
24. Actinomycosis, trichinosis, etc.
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningitis
29. Abdomiual tuberculosis
30. Pott's disease
31. Tuberculous abscess
32. White swelliug
33. Tuberculosis of other organs
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adult
38. Gonorrheal infections of children
39. Caucer of mouth
40. Cancer of stomach and liver
41. Cancer of intestines aud peritoneum
42. Cancer of genital organs
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecified organs
46. Tumor (noucancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54 Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxications
59. Other chrouic poisoniugs
55 Other geueral diseases

**II. DISEASES OF THE NERVOUS SYSTEM.**

60. Encephalitis
61 Meningitis
62. Locomotor ataxia
63 Other diseases of spiual cord
64 Apoplexy
65. Softening of bralu
66 Paralysis
67. Geueral paralysis of insaue
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea

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setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B C14483

City of Baltimore, (No. 2902, Barnard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James a. Coarts

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 29 (Month) (Day) 1907 (Year)

AGE: ..... years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Coarts

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Jennie Jordan

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/1 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to Aug 1st 1908 that I last saw h.. alive on July 31st 1908, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

(DURATION) 14 DAYS

Contributory Exhaustion (DURATION) 3 DAYS

(Signed) H. W. Fair M. D.

Aug 1 1908 (Address) 12 E. 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Aug 2 1908

UNDERTAKER: W. J. Tuckness — ADDRESS: Cumberland Pike

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMEN

Ward 13 C14484 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death) No. 506 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth D Cromwell

{Residence, if in Baltimore, Give Street and Number.} 506 Hickory Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 17 1908

AGE ..... years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Clarence Cromwell

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Eva Webb

BIRTHPLACE OF MOTHER (State or country) ~~Baltimore~~ Balto City

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Cromwell

(Address) 506 Hickory Ave

Filed 8/1" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 18th 1908 to July 30 1908 that I last saw her alive on July 30 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum & Marasmus.

(DURATION) Later 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Falls Road

Date Aug. 1st 1908

Place of Burial St Mary's

Date ~~July~~ Aug 2 1908

Undertaker N S Mahoney

Address 3529 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C14485 Registered No. B C14485

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 402 Glen Edwards Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Deteores.

{Residence, if in Baltimore, Give Street and Number.} 402 Glen Edwards Ave.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Italian

DATE OF BIRTH March 21 1908

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) 402 Glen Edwards Ave.

FULL NAME OF FATHER Nick Deteores

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Louise Ramons

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nick Deteo

(Address) 402 Glen Edwards Ave.

Filed 8/1" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to July 31 1908 that I last saw him alive on July 31 1908, and that death occurred, on the date stated above, at 3.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro. Enteritis,

Bronchitis

Incoh (DURATION) DAYS

Contributory (Primary.) Age. Seasonate (DURATION) DAYS

(Signed) Roscoe Gibson M.D.

Address 211 N. 25 St.

Date Aug. 1st 1908

Place of Burial St Vincents

Date Aug 2 1908

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

C14486

Ward 8 — Registered No. B C14486

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Schlesinger

{ Residence, if in Baltimore, Give Street and Number. } 2103 E. Oliver St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Dec 22nd 1891

AGE 11 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. C. Schlesinger

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Minnie Bach

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Schlesinger

(Address) 2103 E. Oliver St

Filed 8/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to July 31 1908

that I last saw h alive on July 31 1908,

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. W. Cohen M.D.

Address Bay View Hospital

Date July 31 1908

Place of Burial St. Mathews Cemetery

Date Aug 2nd 1908

Undertaker H. Rauch & Son

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ... C14487

Ward ..... C14487 Registered No. B .....

# CERTIFICATE OF DEATH.

109

(Place of Death.) No. 412 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace St. Broughton

{ Residence, if in Baltimore, Give Street and Number. } 412 S. Madeira St

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 7 1908

AGE ..... years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph Broughton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lottie Stancliff

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Broughton

(Address) 412 S. Madeira St.

Filed 8/1" 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20- 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 20 1908 that I last saw h.. alive on July 28 1908, and that death occurred, on the date stated above, at 6.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Rickets

(DURATION) 9 wks DAYS

Contributory (Primary.) Enteritis

(DURATION) 2 DAYS

(Signed) L. A. Brady M.D.

Address 1343 N. Bway

Date July 30 1908

Place of Burial Mt. Carmel Cem.

Date Aug 1st 1908

Undertaker H. SANDER & SONS.

Address 1703-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C14488 Registered No. B

Ward 1

# CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

(Place of Death.) No. 815 Potomac St.

Full Name Georgie Anna Glover

{Residence, if in Baltimore, Give Street and Number.} 815 Potomac St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR white

DATE OF BIRTH Feb 28 1908

AGE — years, 5 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Ed. T. Glover

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Annie Schuck

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Schuck for Mother

(Address) 815 Potomac St.

Filed 8/1" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from ~~attended deceased from~~ July 30 1908 to July 30 1908

that I last saw her alive on 190

and that death occurred, on the date stated above, at 2.15 P. M.

The CAUSE OF DEATH (Secondary or Immediate)

Probably Eclampsia (DURATION) DAYS

Contributory (Primary) acute indigestion (DURATION) DAYS

(Signed) W. F. Wright M.D.

Address Canton & Dillon Sts.

Date 190

Place of Burial St. Paul Cemetery

Date Aug. 1" 1908

Undertaker H. SANDER & SONS

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C14489 C14489

Registered No. B 6

# CERTIFICATE OF DEATH.

(Place of Death.) No. 207 Augusta Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Douglas E Hahn

{Residence, if in Baltimore, Give Street and Number.} 207 Augusta Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 22 1908

AGE ..... years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry J Hahn

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna R Pickett

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J Hahn MD

(Address) Brighton

Filed 8/1" 1908 HARRY C. ANDREW Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 31 1908

that I last saw him alive on July 31 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary) Pertussis

(DURATION) 21 DAYS

(Signed) Henry J Hahn MD

Address Brighton

Date July 31 1908

Place of Burial London Park Cemetery

Date Saturday August 1st 1908

Undertaker F. B. Nupinet

Address 1 Frederick Av. Exptd

Funeral at 3 P. M Aug 1" 08

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14490

Ward 19 C14490 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 222 N. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nowal Windroth

{Residence, if in Baltimore, Give Street and Number.} 222 N. Poppleton St

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 17 1908. |
| AGE | ..... years, ..... months, 19 days |
| SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED | single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | William A Windroth |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Ema Nagle |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | non |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbam Windroth

(Address) 222 N Poppleton

Filed 8/1" 190 8

HENRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH ~~July~~ August 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 ..... A.M. CAUSE OF DEATH (Secondary or Immediate)

Im Infantile Convulsion

..... (DURATION) ..... DAYS

Contributory (Primary.) Enteritis

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date August 1 1908

Place of Burial St Paul cemetery

Date aug 3 1908

Undertaker Wilbur W Shriver

Address 31E Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14491 Registered No. B C14491

94

# CERTIFICATE OF DEATH.

(Place of Death.) No. 736 Hartford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Robinson

{Residence, if in Baltimore, Give Street and Number.} 736 Hartford ave

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lancaster Va

FULL NAME OF FATHER John Robinson

BIRTHPLACE OF FATHER (State or country) Lancaster Va

MAIDEN NAME OF MOTHER Nancy Bright

BIRTHPLACE OF MOTHER (State or country) Lancaster Va

OCCUPATION OF DECEASED Baptist Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Robinson

(Address) 736 Hartford ave

Filed 8/1 1908 HARRY C. ANDREES PERMIT CLERK. Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 31 1908 that I last saw him alive on July 31 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date July 31 1908

Place of Burial Laurel Cemetery

Date Aug 2 1908

Undertaker Robert T. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of

Ward 4 C14492 Registered No. B C14492

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1721 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes M. Gerhardt

{Residence, if in Baltimore, Give Street and Number.} 1721 N Washington

Duration of Residence in Baltimore. 30 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 19 1864

AGE 44 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joshua P Kinney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rebecca Baptist

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rose Gerhardt

(Address) 1723 N Washington

Filed 8/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to July 31 1908 that I last saw h[er] alive on July 30 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

One years (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm J Waters M.D.

Address 2128 St Paul

Date Aug 1st 1908

Place of Burial Louden Park

Date Aug 3 1908

Undertaker Pott & Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14493 Registered No. B ..... C14493

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 35 W. Preston St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Barker Hunt

{ Residence, if in Baltimore, Give Street and Number. } 35 W. Preston St

Duration of Residence in Baltimore. Twenty years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 23rd 1819

AGE: 89 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Rhode Island

FULL NAME OF FATHER: Jacob Barker

BIRTHPLACE OF FATHER (State or country): Rhode Island

MAIDEN NAME OF MOTHER: Anne Hazard

BIRTHPLACE OF MOTHER (State or country): Rhode Island

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert B. Harrison

(Address) Gloucester, Howard Co. Md

Filed 8/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to death 1908 that I last saw h alive on July 31 1908, and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

And bp Hunt

Weakness (DURATION) — DAYS

Contributory (Primary.) old age &

Heart Weakness (DURATION) DAYS

(Signed) R. D. Harrison M.D.

Address 921 N. Charles St

Date Aug 1, 1908 1908

Place of Burial St. Thomas. Cem'y Garrison Forest Balto Co

Date Aug 2 nd 1908

Undertaker C. H. Jenkins & Sons Co

Address 308 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRIN… …IS A PERMANENT RE…

# HEALTH DEPARTMENT, City of Baltimore.

C14494

Ward 16

C14494

Registered No. C 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2750 W Lafayette Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gellien F Briggs

Residence, Give Street and Number 2750 W Lafayette Ave

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Wh

DATE OF BIRTH Mch 11 1908

AGE — years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Wm E Briggs

BIRTHPLACE OF FATHER (State or couuty) Md

MAIDEN NAME OF MOTHER Mary E. Powell

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Briggs

(Address) 2750 W Lafayette Ave

Filed 8/2" 1908

MARY C. ANDR…

Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 31 1908

that I last saw h… alive on July 31 1908

and that death occurred, on the date stated above, at 9.40 M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno F Kellam M. D.

Address N. E. Cor. Lafayette & Carrollton Ave

Date AUG 1 1908 190

Place of Burial Western Cemetery

Date Aug 2 1908

Undertaker Jos D Cook

Address 1003 W Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE. 95

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14495

City of Baltimore, (No. 1121 Penna Avenue St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Miller

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. (Month) ..... (Day) 1827 Year)

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Hyman Miller

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Miller

(Address) 1121 Penna Ave

Filed 8/2 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to Aug 1 190 8

that I last saw h im alive on Aug 26th 190 8,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia

Supervened by

Senility (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Jacob Blum M. D.

Aug 2 190 8 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holmes | ..... 190 ..... |
| UNDERTAKER | ADDRESS |
| | |

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C14496 Registered No. B C14496

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 Forrest Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Riordan

{Residence, if in Baltimore, Give Street and Number.} 1017 Forrest St.

Duration of Residence in Baltimore. Since Birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 26th 1907

AGE 9 years, 8 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T. Riordan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Dora L. Loewenstein

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John T. Riordan

(Address) 1917 Forrest Place

Filed 8/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 1st 1908 that I last saw him alive on July 31 1908, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Pearce M.D.

Address 1238 Eutaw

Date Aug 1st 1908

Place of Burial London Park

Date Aug 3 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, within **eighteen hours after death**, to furnish within notice, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C14497 Registered No. B 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Stew

{Residence, if in Baltimore, Give Street and Number.} 1720 Fulton ave

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 69 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Taneytown Md

FULL NAME OF FATHER Jacob Lambert

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Eckart

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Husband

(Address) 1720 N. Fulton ave

Filed

190 Registrar

BARRY O. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to July 31 1908 that I last saw h alive on July 31 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Power M.D.

Address 123 S Greene

Date July 31 1908

Place of Burial Linwood Carroll Co Md

Date Aug 3 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH. C14498

Registered No. B.....

City of Baltimore, (No. 635, W Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie M Brusack

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 14 (Day) 1883 (Year)

AGE: 25 years, 1 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Hagerstown Md

FULL NAME OF FATHER: Samuel H. B. Brewer

BIRTHPLACE OF FATHER (State or country): Hagerstown Md

MAIDEN NAME OF MOTHER: Lana V. Woessner

BIRTHPLACE OF MOTHER (State or country): Hagerstown Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lana V Brewer

(Address) 635 W Mulberry St

Filed 8/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 1st 1908 that I last saw her alive on Aug 1st 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

I do not know (DURATION) — DAYS

Contributory

Asthenia (DURATION) — DAYS

(Signed) Duncan MacGalman M. D.

Aug 1 1908 (Address) 110 W Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hagerstown Md — DATE OF BURIAL: Aug 2 1908

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C14499 Registered No. B ..... 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1638 E. Abbott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Katie Fauchtenbinier

{Residence, if in Baltimore, Give Street and Number.} 1638 E. Abbott St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1st 1908

AGE 27 years, ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Fred. Fauchtenbinier

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Oppendorf

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Feeder (Bin)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Knecky

(Address) 163 E Abbott St.

Filed 8/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st. 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 1908 to Aug. 1908.

that I last saw h[illegible] alive on Aug 1st 1908.

and that death occurred, on the date stated above, at 8.25 M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Oedema

Pulmonary Tuberculosis.

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 4. DAYS

(DURATION) 181 DAYS

(Signed) C. H. Mayer Jr. M.D.

Address #103 N. Caroline St.

Date August 1st 1908.

Place of Burial Trinity Cemetery

Date ~~July~~ Aug 3 1908

Undertaker Conn Bros

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C14500 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 418 Oxford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna May Lewis,

{Residence, if in Baltimore, Give Street and Number.} 10 Montebello Ave.

Duration of Residence in Baltimore. All life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: Sept. 14. 1898

AGE: ....years, 5 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Howard Lewis

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Marguette Olwin

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Lewis.

(Address) 418. Oxford ave.

Filed 8/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1, 1908.

I HEREBY CERTIFY, That I attended deceased from 7-15 1908 to 8-1-1908 that I last saw h.. alive on 8-1-1908 and that death occurred, on the date stated above, at 12:52 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) Indefinite DAYS

Con'tributory (Primary.) Chronic Ileo-colitis,

& Hypostatic Pneumonia (DURATION) Indefinite DAYS

(Signed) R. B. Hayes M.D.

Address 2535 St. Paul St.

Date Aug. 1st 1908.

Place of Burial Holy Cross.

Date August 3rd 1908.

Undertaker Wm. Cook.

Address 632. E. Baltimore.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C14501 Registered No. B C14501

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1504 Lamaan Pustman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daniel White

{Residence, if in Baltimore, Give Street and Number.} 1504 Lamaan Pustman St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 3rd 1908

AGE: — years, VIII months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry White

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Sarah White

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarah White

(Address) Ind.

Filed 8/2 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1908

I HEREBY CERTIFY, That I attended deceased from ....1908....to....1908....

that I last saw h....alive on....1908....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bardin M.D.

Address Two Log. av. Comm.

Date Aug. 1st 1908

Place of Burial Laurel Cemetery

Date Aug 2 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 18 (10)

C14502

Registered No. B C14502 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N Pospsleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt J. Brown

{Residence, if in Baltimore, Give Street and Number.} 120 N Pospsleton St

Duration of Residence in Baltimore. Lifetime.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: March 27 1908

AGE: — years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm L. Brown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine O'Bonnor

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Brown

(Address) 120 N. Pospsleton st.

Filed 8/1 1908

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 1 1908 that I last saw him alive on Aug 1 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 30 DAYS

Contributory (Primary.) Heat

(DURATION) 30 DAYS

(Signed) [illegible] M.D.

Address 1327 N Fayette St

Date Aug 1 1908

Place of Burial St Peters Cemetery

Date Aug 2 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14503

City of Baltimore, (No. 708, Stirling St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Gibson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Daniel Jolly

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Compton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Washington

(Address) 708 N. Eutaw st

Filed 8/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 30 1908 that I last saw her alive on July 30 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Acute Dysentery

(DURATION) 30 DAYS

Contributory Exhaustion

(DURATION) ... DAYS

(Signed) Walter R. White M. D.

July 31 1908 (Address) 1101 N. Bivay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery | DATE OF BURIAL: Aug 2 1908

UNDERTAKER: Chas. H. Bailey | ADDRESS: Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C14504 Registered No. B C14504

# CERTIFICATE OF DEATH.

42

(Place of Death.) No. 419 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Carty

{ Residence, if in Baltimore, Give Street and Number. } 419 Pine Street

Duration of Residence in Baltimore. 36 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va. Co. Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Carty

(Address) 419 N. Pine St

Filed 8/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1908

I HEREBY CERTIFY, That I attended deceased from July 21st 1908 to July 31st 1908 that I last saw her alive on July 31st 1908 and that death occurred, on the date stated above, at 1.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

About one year (DURATION) DAYS

Contributory (Primary) Operations

Two weeks (DURATION) DAYS

(Signed) J. Holmes Sargent M.D.

Address 438 W. Biddle St

Date Aug. 1st 1908

Place of Burial Annapolis Md John Hyde

Date Aug 3rd 1908

Undertaker Saml. H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14505

Ward 12 — C14505 — Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No 233 milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stonewall Edgerfitz

{ Residence, if in Baltimore, Give Street and Number. } 233 N milton ave

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: aug 2 1907

AGE: ..... years, 11 months 30 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J W Edgerfitz

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J W Edgerfitz

(Address) 233 N milton ave

Filed 8/2 " 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Aug 1 1908 that I last saw h-ive alive on July 31 1908 and that death occurred, on the date stated above, at 11 00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis
& meningitis

(DURATION) 10 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) A C Hearn M.D.

Address 156 milton ave

Date Aug 1 1908

Place of Burial M I Comm Cemetery

Date Aug 2 " 1908

Undertaker W Landis Sons

Address 1710 Eutaw ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14506

Ward 13 C14506 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 3623 Chestnut ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irving. Leroy. Fuhrman

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 5 1908

AGE: ..... years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Irving. L. Fuhrman

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Lilly. Madaing

BIRTHPLACE OF MOTHER (State or country): Talbott. Co.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irving. L. Fuhrman

(Address) 3623 Chestnut Ave

Filed 8/2" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Aug 1 1908 that I last saw h im alive on Aug 1 1908, and that death occurred, on the date stated above, at 330 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis Colitis - Bronchitis

(DURATION) 18 DAYS

Con'tributory (Primary.) Malnutrition

(DURATION) ~~DAYS~~

(Signed) R. B. Vincent M.D.

Address 3543 Chestnut Ave

Date Aug 2nd 1908

Place of Burial Stultz Pa

Date Aug 3. 1908

Undertaker Wm. E. Chenoweth & Sons

Address 919 - Third Ave, Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14507

Ward 12 C14507 Registered No. B

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 201 Druid ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Preston L. Shipley

{ Residence, if in Baltimore, Give Street and Number. } 201 Druid ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 9 1908

AGE: — years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George W. Shipley

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jane Alban

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Shipley,

Father, (Address) 201 Druid Ave

Filed 8/2 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to Aug 2 1908 that I last saw him alive on Aug 1 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 2 DAYS

Contributory (Primary.) Previous attack of Entero-Colitis 2 days ago (DURATION) 10 DAYS

(Signed) J. J. Kelley M.D.

Address 3849 Roland Ave

Date August 2 1908

Place of Burial St. Marys Hampden

Date Aug 3rd 1908

Undertaker Wm. E. Ehenouth & Sons

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C14508 Registered No. B

# CERTIFICATE OF DEATH.

57

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Foreman

{ Residence, if in Baltimore, Give Street and Number. } 86 Brick Hill Mt Vernon

Duration of Residence in Baltimore. 4 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Aug 10. 1867

AGE: 41 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C.A. Foreman (wife)

(Address) 86 Brick Hill

Filed 8/2" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to Aug 1 1908

that I last saw h ive alive on Aug 1 1908,

and that death occurred, on the date stated above, at 6:30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Gneral asthenia

about 4 mos (DURATION) DAYS

Con'ributory (Primary.) Addisons Disease (DURATION) DAYS

(Signed) Robt P. Ray M.D.

Address University Hospital

Date Aug. 1, 1908 190

Place of Burial St Marys Hampden (Male)

Date Aug 3 1908

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14509 Registered No. B C14509

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Kleiner (Klines)

{ Residence, if in Baltimore, Give Street and Number. } 92 N. Bradford St.

Duration of Residence in Baltimore. 2 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frank Kleiner

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Kleiner

(Address) 924 N. Bradford St

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to August 1st 1908 that I last saw h— alive on August 1st 1908 and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) H. E. Wilkinson M.D.

Address St Josephs Hospital

Date August 1st 1908

Place of Burial Back Hill

Date Aug 3 1908

Undertaker Frank Brach & Son

Address 1904 Gobler and Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C14510 Registered No. B ..... C14510

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2217 Essex St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Thomas Nasuta

{Residence, if in Baltimore, Give Street and Number.} 2217 Essex St.

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Nasuta. wife

(Address) 2217 Essex St

Filed 8/3 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Aug 2 1908

that I last saw him alive on " 2 1908

and that death occurred, on the date stated above, at 3.30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis

3 hr (DURATION) ... DAYS

Contributory (Primary) Cardiac failure

(DURATION) ... DAYS

(Signed) Chas L Nee M.D.

Address 619 S Pat Park Ave

Date Aug 2 1908

Place of Burial St Stanislaus

Date Tuesday Aug 4 1908

Undertaker M F Sudowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C14511 — Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 258½ Dallas st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Casmire Zajnoskowski

{ Residence, if in Baltimore, Give Street and Number. } 258½ Dallas st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Peter Zajnoskowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Hellen Borskowska

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hellen Zajnoskowski

(Address) 258½ S. Dollas St

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludden Coron M.D.

Address 320 ½ Hillen st

Date Aug 2 " 1908

Place of Burial Holy Rosary.

Date Monday Aug 2" 1908

Undertaker M. F. Sadowski

Address 903 S. Anne

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C14512 — Registered No. B C14512

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Wilson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: April 1906

AGE: 2 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home.

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1908 to Aug. 1 1908 that I last saw him alive on Aug. 1 1908, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Aug. 3, 1908

Place of Burial Cathedral Cemetery

Date Aug. 3rd 1908

Undertaker Felix B. Pye

Address 102. E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C14513 Registered No. B 8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Pearce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Geo. Cook

{Residence, if in Baltimore, Give Street and Number.} 1708 Pearce

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR black

DATE OF BIRTH —— 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or couutry) md

FULL NAME OF FATHER geo. cook

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lillie green

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Green

(Address) 1708 Pierce St

Filed 8/3 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to July 31 1908 that I last saw him alive on July 31 1908, and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

One week (DURATION) DAYS

Contributory (Primary.) Pertussis

6 months (DURATION) DAYS

(Signed) A. F. Vonschuck M.D.

Address 1656 W. Gilmor

Date Aug 1 1908

Place of Burial Mt Zion

Date aug the 3d 1908

Undertaker A J Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C14514 Registered No. B C14514

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Morris

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 14 1908

AGE: ..... years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Lidacre

(Address) Nursery & Childs Hosp.

Filed 8/3 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 23 1908 that I last saw her alive on July 23 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. L. Burdon M.D.

Address 222 E Ensor St

Date July 23 1908

Place of Burial

Date AUG 1 1908 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15C

Ward ..... C14515 Registered No. B ..... 14

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Anthony

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | F. |
| COLOR | B. |
| DATE OF BIRTH | 1 |
| AGE | 70 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | M. |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Hostler |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to July 30 1908

that I last saw h alive on July 30 1908,

and that death occurred, on the date stated above, at 9

I. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery & Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Heart Disease

(DURATION) ..... DAYS

(Signed) H. N. Eaton M.D.

Address Bay View Hospital

Date July 31 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 1908 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

Ward 7 C14516 Registered No. B C14516

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dr Alec Delberg

{Residence, if in Baltimore, Give Street and Number.} 334 Dover Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to July 31 1908 that I last saw h alive on July 31 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Eloesser M.D.

Address John Hopkins Hospital

Date Aug 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 1 1908 190

Undertaker

Address

Commissioner Health. Per

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C14517

Registered No. C C14517

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Home Mt Hebron Cemetery, Mt Hebron Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Peters

Residence, Give Street and Number, 1112 Hubbard St.

Duration of Residence in Baltimore, 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black

DATE OF BIRTH: June 1st 1908

AGE: ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Henry Peters

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Henrietta Harm

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Peters

(Address) 1112 Hubbert St

Filed 8/3 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 1 1908

that I last saw her alive on Aug 1 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

Dyspepsia Diarrhoea

(DURATION) 30 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. Hurst Jr. M. D.

Address 804 Cathedral St

Date August 2 1908

Place of Burial Mount Carmel

Date Aug 3 1908

Undertaker J. D. Stumhoff

Address 1318 Light St

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 7

C14518

Registered No. B C14518

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Patapsco St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M Mess

{Residence, if in Baltimore, Give Street and Number.} 1307 Patapsco

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | March 1844 |
| AGE | 63 years, 5 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widowed |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | not known |
| BIRTHPLACE OF FATHER (State or country) | not known |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Housekeeper |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Wess

(Address) 130 Patapsco St.

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

"I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to 1908 that I last saw her alive on Aug 2 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dilatation Heart

(DURATION) DAYS

Contributory (Primary) Abscess

Nephritis (DURATION) DAYS

(Signed) Wm Pauli M.D.

Address 1228 N Charles

Date Aug 2 1908.

Place of Burial Western

Date Aug 4 1908

Undertaker Jos. Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14519

Ward 10

C14519

Registered No. C 14519

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1101 Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Eva Boschert

Residence, Give Street and Number, 1101 Ashland Ave

Duration of Residence in Baltimore, 41 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Nicholaus Galenz

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Anna M. Gunzelmann

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Boschert

(Address) 1101 Ashland Ave

Filed 8/3 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Aug 1 1908

that I last saw her alive on Aug 1 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate,

Pulmonary Oedema

(DURATION) ..... DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 1 year DAYS

(Signed) M. L. Todd M. D.

Address 1202 E. Monument St

Date Aug 1 1908

Place of Burial Holy Redeemer Cemetery

Date Aug 4 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C14520 Registered No. B ..... 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joes German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. McIlton

{Residence, if in Baltimore, Give Street and Number.} 2705 St. Paul St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 2nd 1868

AGE 39 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Geo. H. Wolf.

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary E. Frederick

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED house wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. McIlton

(Address) 2705 St Paul St.

Filed 8/3 1908 BARRY C. ANDREWS PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1st 1908.

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 1 1908 that I last saw her alive on Aug 1 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Lobar)

(DURATION) DAYS

Con'ributery (Primary.)

(DURATION) DAYS

(Signed) John F. Loughlin M.D.

Address St. Josephs German Hosp.

Date Aug 1st 1908

Place of Burial Nav. Cathedral

Date Aug. 3rd 1908

Undertaker G. F. Walker

Address 723 N Lof. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

Registered No. B C14521

C14521

# CERTIFICATE OF DEATH.

169

(Place of Death.) No. Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Ann Makibbin

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 1641 N. Wolfe St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sep 1838

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Mopps

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Marriott Elliott

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) [redacted] Dollyday

(Address) BAY VIEW ASYLUM

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Aug 1 1908

that I last saw her alive on Aug 1 1908,

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)-

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Heat Prostration

(DURATION) 3 DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum

Date August 1 1908

Place of Burial Lorraine Cemetery

Date August 3rd 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C14522

C14522

# CERTIFICATE OF DEATH.

81

(Place of Death.) No. 405 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claus Schade,

{Residence, if in Baltimore, Give Street and Number.} 405 N. Schroeder St.

Duration of Residence in Baltimore. 42 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 3. 1841

AGE: 67 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora Schade

(Address) 405 N Schroeder St

Filed 8/3 1908

(JOHN C. ANDREWS.) Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 1 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to Aug 1 1908 that I last saw him alive on Aug 1. 1908, and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

General oedema

(DURATION) DAYS

Contributory (Primary) Arteria Sclerosis (DURATION) 1 year DAYS

(Signed) Geo. Lemmer M.D.

Address 800 Harlem Ave.

Date Aug. 1. 1908

Place of Burial London Park Cemetery

Date August 3 1908

Undertaker Mrs. A. Rohde & Son

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. M. M. C14523 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Maier

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M. |
| COLOR | W. |
| DATE OF BIRTH | — 1 |
| AGE | 68 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Cook |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hollyday Sr.

(Address) BAY VIEW ASYLUM

Filed 8/3" 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 1. 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to Aug. 1 1908 that I last saw h im alive on Aug 1 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) 14 DAYS

(Signed) H. H. Eshen M.D.

Address Bay View Hospital

Date Aug. 1, 1908

Place of Burial Sacred Heart Cemet

Date Monday Aug 3 1908

Undertaker Chas. H. Evans

Address 1182 1/2 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14524

Ward 14 C14524 Registered No. B 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. 308 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Dee.

{ Residence, if in Baltimore, Give Street and Number. } 308 S. Gilmor St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. md.

FULL NAME OF FATHER: Michael Dee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Barrett

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Dee

(Address) 308 S. Gilmor St.

Filed 8/3" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1" 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to August 1 1908 that I last saw him alive on August 1 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

Sequela of Cerebro Fever (DURATION) 4 DAYS

(Contributory (Primary)) (DURATION) DAYS

(Signed) Jos. E. Imse M.D.

Address 865 Columbia Ave

Date August 2 1908

Place of Burial New Cathedral

Date Aug 4th 1908

Undertaker John J. Coward

Address 601 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14525 Registered No. B 137

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 Russell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beulah W. Wiet.

{Residence, if in Baltimore, Give Street and Number.} 1202 Russell St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Sept 21 1887

AGE 19 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Balto md.

FULL NAME OF FATHER Preston C. Weaver.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kate Seeley.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. M. Wiet

(Address) 1202 Russell.

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug 1 1908

that I last saw h er alive on Aug. 1 1908

and that death occurred, on the date stated above, at 5.25 P. M. CAUSE OF DEATH (Secondary or Immediate

Septicemia due

to miscarriage

6 (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) F.C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Aug. 1 1908

Place of Burial London Park

Date Aug 3 1908

Undertaker W. J. Dickenson & Sons

Address Edmondson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

C14526

Registered No. B.....

City of Baltimore, (No. 1407, N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucinda Jackson.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May (Month) 7 (Day) 1833 (Year)

AGE: 75 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucinda Jackson

(Address) Ill 1407 Bruce

Filed 8/3" 1908 HARRY C. ANDREWS, PERRIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to Aug 1 1908 that I last saw her alive on " 1 1908, and that death occurred, on the date stated above, at 7.20 a.m. The CAUSE OF DEATH was as follows:

Dysentery

(DURATION) 16 DAYS

Contributory Old age (DURATION) — DAYS

(Signed) Chas. E. Conner M. D.

8-2- 1908 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Gulf Chapel Cemt Balto Co — DATE OF BURIAL: Aug 5th 1908

UNDERTAKER: Alex Hemsley — ADDRESS: 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C14527 Registered No. B C14527

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary A. Pitt

{ Residence, if in Baltimore, Give Street and Number. } No 1517 W. Fayette St

Duration of Residence in Baltimore. Lifetime (about)

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Aug 16th 1908

AGE 83 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Samuel Litchfield

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Litchfield

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Pitt

(Address) 1577 W. Fayette St

Filed 8/3 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug. 1 1908 that I last saw her alive on Aug. 1 1908, and that death occurred, on the date stated above, at 3 P.M.

..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy —

(about) (DURATION) 4½ DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St.

Date Aug 2 1908

Place of Burial Loudon Park

Date Aug 3rd 1908

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C14528

Ward 14 C14528 Registered No. B 15

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infirmary 4St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth Walsh

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infirmary

Duration of Residence in Baltimore Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Wh

DATE OF BIRTH 1

AGE ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent's Infirmary

(Address)

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) C. H. Haywood M.D.

Address 1230 N. Carey

Date Aug 3 1908

Place of Burial New Cathedral

Date Aug 3 1908

Undertaker Martin Fahy & Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 614529

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Dolfus

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
|---|---|---|
| SEX M. | COLOR W. | DATE OF DEATH Aug 1st 1906 |
| DATE OF BIRTH 1908 | | I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 1 1906 |
| AGE ..... years, 1 months, 21 days | | that I last saw h alive on 1 1906, and that death occurred, on the date stated above, at 9 A.M., CAUSE OF DEATH (Secondary or Immediate) Marasmus |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | | |
| BIRTHPLACE (State or country) | | |
| FULL NAME OF FATHER | | |
| BIRTHPLACE OF FATHER (State or country) | | (DURATION) DAYS |
| MAIDEN NAME OF MOTHER | | Con ributory (Primary.) |
| BIRTHPLACE OF MOTHER (State or country) | | (DURATION) DAYS |
| OCCUPATION OF DECEASED | | (Signed) E. M. Haywood M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Address 1230 N. Carlton St |
| (Informant) St. Vincents Infant Asy | | Date Aug 3 1906 |
| (Address) | | Place of Burial New Cathedral |
| Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar | | Date Aug. 3 1906 |
| | | Undertaker Martin Fahey Sons |
| | | Address 606 Lafayette Ave. |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 6 14530

# CERTIFICATE OF DEATH

151

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincenzo Guerrisi

{Residence, if in Baltimore, Give Street and Number.} 4 Fulton Ave Inf Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 18 1908

AGE [illegible] years, [illegible] months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address)

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Aug 3 1908

Place of Burial Mount Auburn

Date Aug 3 1908

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C14531 Registered No. B C14590

# CERTIFICATE OF DEATH. C14531 179

(Place of Death.) No. S.E. Vincents Infant's (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Arthur Stuart

{Residence, if in Baltimore, Give Street and Number.} S. Vincents Infants

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Vincents Infants

(Address)

Filed 8/3 1908 MARY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug 2 1908 that I last saw h. alive on " 190 , and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayman M.D.

Address 1730 N Carlton

Date Aug 3 1908

Place of Burial Cathedral

Date Aug 3 1908

Undertaker Martin Fahey & Son

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14532

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C14532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B ~~C14532~~

City of Baltimore, (No. 828 S. Eutaw St.; 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Dickerson

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 52 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Leverm Lee

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jones

(Address) 828 S Eutaw St

Filed 8/3 190 8

HARRY C. ANDREWS,
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 — 2 — 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7—17 1908 to 7—28 1908 that I last saw her alive on 7—28—1908, and that death occurred, on the date stated above, at 8:10 A. M. The CAUSE OF DEATH was as follows:

Dropsy

(DURATION) 120 DAYS

Contributory Hayden-Thrombosis Exhaustion (DURATION) 60 DAYS

(Signed) L. D. Byers M. D.

8—2 1908 (Address) 111 E. Fayette ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Md. | Aug 4 1908 |
| UNDERTAKER | ADDRESS |
| F. L. Brown & Son | 108 W Monu |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14533

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B C14533

City of Baltimore, (No. 220 Richmond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Hannathy

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 29 1871 (Month) (Day) (Year)

AGE: 37 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick Hannathy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anne Kerns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Hannathy

(Address) 220 Richmond st

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 1st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from occasionally in years 1907 & 1908. 190 to 190

that I last saw h in alive on July 29th 1908,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Indefinite (DURATION) DAYS

Contributory none (Mother said to have died of Tuberculosis when I was young) (DURATION) DAYS

(Signed) W. D. Lockwood M. D.

Aug 2 1908 (Address) 8 E. Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross | Aug 4th 1908 |
| UNDERTAKER | ADDRESS |
| A F Rulbin | 1711 and ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14534

Ward 12 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1023 S Sharp - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherina Meyar.

{Residence, if in Baltimore, Give Street and Number.} 1023 S. Sharp St.

Duration of Residence in Baltimore. 55 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White -

DATE OF BIRTH June 14 1837

AGE 71 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow -

BIRTHPLACE (State or country) Germany -

FULL NAME OF FATHER Dont Know -

BIRTHPLACE OF FATHER (State or country) Germany -

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or country) Germany -

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Reule -

(Address) 1023 Sharp St.

Filed 8/3 1908

HARRY C. AND... Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 2 1908

I HEREBY CERTIFY, That I attended deceased from June. 5 1906 to Aug. 2 1908.

that I last saw her alive on Aug 1 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis -

months - (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Aug - 2 1908

Place of Burial Cedar Hill.

Date Tuesday. 4. 1908

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE [illegible]

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C14535

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1k Moses Wilson Southwest St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Montague

Residence, Give Street and Number, 562 Mosher Av.

Duration of Residence in Baltimore, 3 mos

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: Bl

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: single

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/3 1908

BARRY C. ANDREWS
Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 1 1908

that I last saw h[illegible] alive on Aug 1 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility.

(DURATION) 31 DAYS

Contributory (Primary) Dyspepsia

dimness (DURATION) 10 DAYS

(Signed) John Knox Jr M. D.

Address 820 Cathedral st

Date Aug 3 - 1908

Place of Burial .....

Date AUG 3 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

158

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C14536 Registered No. C C14536 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Thos. Wilson Sanitarium, Mt. Wilson, Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Jones

Residence, Give Street and Number, 1226 Arnold Ave

Duration of Residence in Baltimore, 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Infant

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 12 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 1 1908

that I last saw h in alive on July 1 1908

and that death occurred, on the date stated above, at 10

6 M. CAUSE OF DEATH (Secondary or Immediate,)

Ileo colitis

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J McKnew Jr. M. D.

Address 874 Cathedral St

Date Aug 3 1908

Place of Burial

Date 190

Undertaker

Address

Remarks

FOR STATISTICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

158

Ward C. F. M. C14537 Registered No. B C14537

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

47

Full Name Louisa Robinson

{Residence, if in Baltimore, Give Street and Number} —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH — 1

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hully &c.

(Address) BAY VIEW ASYLUM.

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1, 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to Aug 1, 1908

that I last saw her alive on Aug 1, 1908 and

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Acute Articular Rheumatism (DURATION) DAYS

(Signed) J. B. Hall M.D.

Address Bay View Hosp.

Date Aug 3, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 3 - 1908 190

Undertaker G L Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

159

Ward C. M. Plt. C14538 Registered No. B 0

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Fields

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Black |
| DATE OF BIRTH | — |
| | 1 |
| AGE | 30 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Holly

(Address) BAY VIEW ASYLUM.

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1, 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to Aug 1 1908

that I last saw h... alive on Aug 1, 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. H. Welch M.D.

Address Bay View Hospital

Date Aug 1, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 3 - 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

159

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14539 Registered No. B C14539

# CERTIFICATE OF DEATH.

(Place of Death.) No. 114 Addison all St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Ruby

{ Residence, if in Baltimore, Give Street and Number. } 114 addison all

C 14.130

Duration of Residence in Baltimore Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Sept 18 1856 |
| AGE | 42 years, 11 months, 15 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Frank Houck |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Ellen Sheppard |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A H Roberts

(Address) 114 addison all

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 2 1908 that I last saw her alive on Aug 2 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 545 Fulton Ave

Date Aug 3 1908

Place of Burial Baltimore Cemetery

Date Aug 5 1908

Undertaker Joseph Sitter

Address 1600 N Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14540 Registered No. B .....

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1246 Hare St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Walenty Full Name ~~Stanton~~ Michalak

{Residence, if in Baltimore, Give Street and Number.} 1346 S Hare

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: ~~Martin~~ Frank Michalak.

BIRTHPLACE OF FATHER (State or country): German Poland

MAIDEN NAME OF MOTHER: Francista Michalak

BIRTHPLACE OF MOTHER (State or country): German Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Martin Michalak

(Address) 1246 S. Hare St

Filed 8/3" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to Aug 2 1908

that I last saw h~~im~~er alive on " 1 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate

Gastro-Enteritis

3 wks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas S. Neer M.D.

Address 619 S Pat Park Ave

Date ~~Just~~ Aug 2nd 1908

Place of Burial St Stanislaus

Date Monday Aug 3" 1908

Undertaker M F. Sadowski

Address 703 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 14

C14541

Registered No. B C14541

# CERTIFICATE OF DEATH.

143

(Place of Death.) No. 18 S Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth B. Uhl

{Residence, if in Baltimore, Give Street and Number.} 18 s Fulton ave

Duration of Residence in Baltimore. 48 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 4 1837

AGE: 70 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John 2t hl Jr

(Address) 21 Augusta Ave

Filed 8/3 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 st 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug 1 1908 that I last saw her alive on ~~July 31~~ 1908, and that death occurred, on the date stated above, at 1.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carbuncle

(DURATION) 3 Weeks

Contributory (Primary.) Diabetes

(DURATION) 5 DAYS

(Signed) C. Linthicum M.D.

Address 1327 W Fayette St

Date Aug 3 1908

Place of Burial London Park.

Date Aug 3 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C14542 Registered No. B 79

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 N. Durham St St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Mary E. Miller

{ Residence, if in Baltimore, Give Street and Number. } 1619 N. Durham St.

Duration of Residence in Baltimore. 15 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 16th 1839

AGE: 69 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Gross

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna M. Hiselbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Miller

(Address) 1619 N. Durham St

Filed 8/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug. 2 1908

that I last saw her alive on Aug. 1 1908

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease accompanied by Dropsy & Exhaustion

about a year (DURATION) DAYS

Contributory (Primary)

Chronic Bronchitis (DURATION) 2 yrs

(Signed) W. C. Sandrock M.D.

Address 1242 N. Broadway

Date Aug. 3, 1908

Place of Burial Louden Park

Date Aug 4th 1908

Undertaker A. Tink & Son

Address 918 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14543 C14543

Ward 17 Registered No. B 150

# CERTIFICATE OF DEATH.

(Place of Death.) No. 417 N Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virgie McGuire.

{ Residence, if in Baltimore, Give Street and Number. } 417 N Parrish alley.

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Black. |
| DATE OF BIRTH: July 31 1908 | |
| AGE: ~~years~~, ~~months~~, 2 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: — | |
| BIRTHPLACE (State or country): Balt City | |
| FULL NAME OF FATHER: Mayor McGuire | |
| BIRTHPLACE OF FATHER (State or country): Essex Co Va | |
| MAIDEN NAME OF MOTHER: Ida Scott | |
| BIRTHPLACE OF MOTHER (State or country): Balt City | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mayor McGuire

(Address) 417 N Parrish alley

Filed 8/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 1. 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on.....1908.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease Congenital

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Hubert C Blake M.D.

Address 10 14. N La Fayette

Date Aug 3. Coroner 1908

Place of Burial Mount Zion

Date August 3 1908

Undertaker John H Owenston

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C14544

Registered No. B C14544

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1741 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Cummings

{Residence, if in Baltimore, Give Street and Number.} 1741 McCulloh St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 9th 1827

AGE: 81 years, 1 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George King

BIRTHPLACE OF FATHER (State or country): ~~Not Known~~ Not Known

MAIDEN NAME OF MOTHER: Mary Altar

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Cummings.

(Address) 1741 McCulloh St.

Filed 8/3 1908

MARY C. ANDREWS
PERMIT CLERK.
Registrar

Dr Dunish
1400 Madison ave

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Augt 1 1908

that I last saw her alive on Augt 1 1908,

and that death occurred, on the date stated above, at 12 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Dunish M.D.

Address 1415 Madison ave

Date Augt 1st 1908

Place of Burial Mt Olivet Cemetery

Date august 4th 1908

Undertaker Stewart & Mowen Co.

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14545 Registered No. B C14545

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore & North Sto (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John Hamilton Hartman

{Residence, if in Baltimore, Give Street and Number.} 406 E. Fayette St.

Duration of Residence in Baltimore. 40 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1824

AGE 84 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) York. Pa.

FULL NAME OF FATHER John Hartman

BIRTHPLACE OF FATHER (State or country) York Pa.

MAIDEN NAME OF MOTHER Mary Krause

BIRTHPLACE OF MOTHER (State or country) Littlestown Pa

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene H. Bantz (nephew)

(Address) 2222 N. Green St

Filed 8/3 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.30 a. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date Aug 3. 1908

Place of Burial Green Mount

Date Aug 5th 1908

Undertaker Geo. J. Smith & Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Adams C14546 Registered No. B C14546

# CERTIFICATE OF DEATH. 118

(Place of Death.) No. St. Joseph's Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Cummings.

{ Residence, if in Baltimore, Give Street and Number. } ~~1811 E.~~ 1007 Hopkins Ave.

Duration of Residence in Baltimore. 7 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 3 1899

AGE 9 years, 4 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Robert Cummings

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Catherine Scott

BIRTHPLACE OF MOTHER (State or country) Harford Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aunt

(Address) 1007 W. Hopkins Ave

Filed 8/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1908.

I HEREBY CERTIFY, That I attended deceased from July 17th 1908 to Aug. 1st 1908.

that I last saw her alive on July 31st 1908.

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 7 DAYS

Contributory (Primary.) Suppuration

Appendicitis (DURATION) 18 DAYS

(Signed) William L. Burns M.D.

Address St. Joseph's Hospital

Date August 1st 1908.

Place of Burial Long Green Md

Date Aug 4th 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. O. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C14547

C14547

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Friedman

{Residence, if in Baltimore, Give Street and Number.} 1610 E. Lombard St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ____ years, 23 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Morris Friedman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Katie Kuter

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Friedman

(Address) 1610 E. Lombard St.

Filed 8/4 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

H. K

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Aug 3 1908

that I last saw h alive on Aug 3 1908

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Meningitis

(DURATION) 11 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address John Hopkins Hospital

Date Aug 3 1908

Place of Burial Hebrew Boardale Cemetery

Date August 4, 1908

Undertaker Mayfarmon

Address 1120 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward. C14548 Registered No. B C14548

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2905 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M. Fiedler

{Residence, if in Baltimore, Give Street and Number.} 2905 Dillon st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June 14 1883

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Zimmerer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth C. Lang

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Fiedler

(Address) 2905 Dillon st.

Filed 8/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 1 1908

that I last saw her alive on Aug 1 1908,

and that death occurred, on the date stated above, at C

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

10 (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) C. S. Greer M.D.

Address 619 Patterson Park Ave

Date Aug 3 1908

Place of Burial Sacred Heart

Date Aug. 5 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14549

Ward 10 C14549 Registered No. B

90

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Fairmount Ave St., (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Keene

{Residence, if in Baltimore, Give Street and Number.} Same 1525 Fairmount Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Keene

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Johnana Hughes

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnana Keene

(Address) 1525 Fairmount ave

Filed 8/17 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6, 1908

I HEREBY CERTIFY, That I attended deceased from June 24, 1908 to August 6, 1908

that I last saw h alive on August 3, 1908,

and that death occurred, on the date stated above, at 3:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.,

Address

Date 1908

Place of Burial Laurel Cemetary

Date August 4 1908

Undertaker John W Henderson

Address 61 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 24 C14550 Registered No. B C14550

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1500 Battery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Carrol Copper

{Residence, if in Baltimore, Give Street and Number.} 1500 Battery

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH April 28 1908

AGE ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER William E. Copper

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Katherine Gray

BIRTHPLACE OF MOTHER (State or country) A A Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Copper

(Address) 1500 Battery Ave.

Filed 8/4 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3d 1908

I HEREBY CERTIFY, That I attended deceased from July 21st 1908 to Aug 3d 1908 that I last saw h.. alive on Aug 2nd 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Conditions

(DURATION) DAYS

Contributory (Primary)

2 weeks (DURATION) DAYS

(Signed) [illegible] M.D.

Address 831 [illegible]

Date Aug 8th 1908

Place of Burial Mt. Olivet Cemetery

Date August 4 1908

Undertaker Edward J Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

14

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14551

City of Baltimore, (No. 1013 Clifton Place St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence J. Mills

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 4 (Day) 1872 (Year)

AGE: 36 years, ..... months, ..... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Mills

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clara Miller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mussett

(Address) 1442 N Gay St

Filed 8/4 1908 BARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Monday August 3rd. 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 26th 1908 to Aug. 3rd 1908 that I last saw h[er] alive on August 2nd 1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Dysentery

(DURATION) 10 DAYS

Contributory Heart Exhaustion due to Dysentery Bontne (DURATION) 1 DAY

(Signed) Wilmer Brinton M. D.

Aug 4th 1908 (Address) Calvert & Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Aug 6 1908

UNDERTAKER: Geo Mussett

ADDRESS: 1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C14552 Registered No. B 66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 854 N Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin Hynes

{Residence, if in Baltimore, Give Street and Number.} 854 N Dolphin St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 13th 1851

AGE: 57 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Benj. Hynes

BIRTHPLACE OF FATHER (State or country): Maryland (Md)

MAIDEN NAME OF MOTHER: Ann Peacock

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Hynes

(Address) 857 N Dolphin St

Filed 8/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to Aug 2nd 1908 that I last saw h— alive on Aug 1st 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grenfell M.D.

Address 817 Lexington

Date Aug 3 1908

Place of Burial Western Cem

Date Aug 4 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or
**twenty-four hours after death**, to the Unde
Undertaker, or other person superintending the burial, a certificate setting
can be ascertained, the full name, sex, age,
age, condition (whether married or single) of the person deceased, and th
and the cause and date of death.

C1455[illegible]

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14553

Registered No. B [illegible]

City of Baltimore, (No 828 S Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Bell

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 23. 1907 (Month) (Day) (Year)

AGE — years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas A Bell

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Florence Bury

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Bell

(Address) 828 S Paca St.

Filed 8/4 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 25th 1908 to Aug 3rd 1908

that I last saw h[illegible] alive on Aug 2nd 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Acute gastro Enteritis

(DURATION) 10 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) E. B. Truman M.D.

Aug 3 1908 (Address) 643 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Woodlawn Cem | DATE OF BURIAL Aug 4 1908

UNDERTAKER J. S. B. Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C14554 Registered No. B C14554

# CERTIFICATE OF DEATH.

(Place of Death.) No. 322 S Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J Peters

{Residence, if in Baltimore, Give Street and Number.} 322 S Poppleton St,

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 28 1879

AGE 28 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Jacob Peters

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Fanny —

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F Peters

(Address) 322 S Poppleton St

Filed 8/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to Aug 1 1908 that I last saw him alive on Aug 1 1908, and that death occurred, on the date stated above, at 12.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

2 weeks (DURATION) DAYS

Contributory (Primary) Intestinal Haemmorhage (DURATION) 2 DAYS

(Signed) Jos E Jones M.D.

Address 855 Columbia ave

Date Aug 1 1908

Place of Burial London Park Cem

Date Aug 4 1908

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE

# HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C14555

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2730 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn F. Briggs

Residence, Give Street and Number 2730 W. Fayette St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 11 1908

AGE ..... years, 4 months, 24 days

SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Wm Briggs

BIRTHPLACE OF FATHER (State or county) N. J.

MAIDEN NAME OF MOTHER Mary E Briggs

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Inner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Briggs

(Address) 2750 W Fayette

Filed 8/5 1908

HENRY C. ANDREWS, PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH AUG 4 1908 190

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 4 1908

that I last saw h alive on Aug 3 1908

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) 12 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Irv L Fetterhoff M. D.

Address N. E. Cor. Lafayette & Carrollton Aves.,

Date AUG 4 1908 BALTIMORE, MD. U. S. A. 190

Place of Burial Western Cem

Date Aug 5, 1908

Undertaker Jos B Cook

Address 100 37- 13 alb St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C14556

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14556

City of Baltimore, (No. 651, Portland St.; 22nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta A. Seifert

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | June (Month) 16 (Day) 1834 (Year) |
| AGE | 74 years, 1 months, 18 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John W. Seed

(Address) 614 N. Patterson Park

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| DATE OF DEATH | August (Month) 3 (Day) 1908 (Year) |

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.15 A. M. The CAUSE OF DEATH was as follows:

Bright's Disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

Aug 3 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Aug 6 1908 |
| UNDERTAKER | ADDRESS |
| Wm. Uckmann's Sons | Edmondson Ave. |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C14557 — Registered No. B C14557

94

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant's Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lackert

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: White. |
| DATE OF BIRTH: April 7th 1907 | |
| AGE: 1 years, 3 months, 26 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | City |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/4 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to Aug 2 1908 that I last saw h.. alive on Aug 2 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) E. St. Haymond M.D.

Address 1230 N Carlton

Date August 4th 1908

Place of Burial New Cathedral

Date Aug. 4th 1908

Undertaker G. F. Walker

Address 723 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W. M. S. C14558 Registered No. B C14558.

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George F. Bauga

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I Nestor Hollyday, BAY VIEW AS SUCH.

(Address)

Filed 8/4" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2 1908.

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 2, 1908, that I last saw him alive on Aug 2, 1908, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) General Debility (DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hospital

Date Aug. 3, 1908.

Place of Burial Balto Cem

Date 8/5/08 190

Undertaker J Henry Sons

Address 1708 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14559

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 616, N Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas C. King

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 60 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charity Young

(Address) 616 N Caroline st

Filed 8/4" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1908 to Aug 1st 1908 that I last saw h[illegible] alive on July 31st 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Diabetes

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. H. Pearce M. D.

Aug 1st 1908 (Address) 2105 Chas st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Aug 4 1908 |
| UNDERTAKER | ADDRESS |
| R. H. Elliott | 506 Rogers Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C14560 Registered No. B C14560

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. In front of 427 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Carr Co.

{Residence, if in Baltimore, Give Street and Number.} 1649 E. Madison St

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Colored.

DATE OF BIRTH Don't know

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Clementina Carr Co

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Elliott Undertaker

(Address) 506 Rogers Ave

Filed 8/6 1908 W. G. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 10 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo. M. Kinkaid M.D.

Address Coroner

Date Aug 3 1908

Place of Burial National Cemetery

Date May 4 1908

Undertaker R. K. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4th — C14561 — Registered No. B C14561

23

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence Mathews

{Residence, if in Baltimore, Give Street and Number.} Ella Balto Coun'ty.

Duration of Residence in Baltimore. 1 day

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Mathews

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Sevoy

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mathews

(Address) Ella Balto Co

Filed 8/4/08 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 3, 1908 that I last saw h[illegible] alive on Aug 3, 1908, and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocholosa

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. A. Pettas M.D.

Address Balto City Hospital

Date Aug. 4 1908

Place of Burial Mt Guilbo Balto Co

Date August 5-th 1908

Undertaker Jno Ammer Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

OK S Carroll Coroner Aug 4/08

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C14562 Registered No. B C14562

# CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1013 N. Caren St — ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. Clark —

{Residence, if in Baltimore, Give Street and Number.} 1013 N. Caren St

Duration of Residence in Baltimore. 16 years —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR white.

DATE OF BIRTH July 10, 1855

AGE 53 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm H. Freshour.

BIRTHPLACE OF FATHER (State or country) Frederick, Md.

MAIDEN NAME OF MOTHER Eliza King

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED house-wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Webster Clark.

(Address) 1013 N. Caren St.

Filed 8/4" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to Aug 3 1908 that I last saw h e v — alive on Aug 3 1908, and that death occurred, on the date stated above, at 8 PM

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer (Carcinoma of womb, finally involving rectum & bladder.

About 2 years (DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John J. King M.D.

Address 1425 Eutaw Place

Date Balto. Aug 4 1908

Place of Burial Mt. Olivet.

Date Wednesday Aug. 5, 1908

Undertaker Geo. J. Smith Co.

Address 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF ...

Ward 24 — C14563 — Registered No. B C14563

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 216 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Halstead

{ Residence, if in Baltimore, Give Street and Number. } 216 E. Hamburg St

Duration of Residence in Baltimore. about 6 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | Feb 7th 1820 |
| AGE | 88 years, 5 months, 23 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | New York |
| FULL NAME OF FATHER | dont Know |
| BIRTHPLACE OF FATHER (State or country) | — — |
| MAIDEN NAME OF MOTHER | — — |
| BIRTHPLACE OF MOTHER (State or country) | — — |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth V. Halstead

(Address) 216 E Hamburg St

8/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1908 to Aug 2nd 1908 that I last saw him alive on Aug 2 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) one DAYS

Contributory (Primary.) Uraemia

(DURATION) 2 DAYS?

(Signed) C. H. Button M.D.

Address 111 East Eutaw

Date Aug 3rd 1908

Place of Burial Cedar Hill

Date Aug 4 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, BALTIMORE, MD.

Ward 17 C14564 Registered No. B C14564

# CERTIFICATE OF DEATH.

(Place of Death.) No. 525 N Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27

Full Name Jusepn Landwehr (Landwehr)

{ Residence, if in Baltimore, Give Street and Number. } 525 Fremont St, N.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 6 1870

AGE 37 years, 7 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Ferdinand Landwehr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Bockstee

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Athan Miller

(Address) 525 N Fremont Av

Filed 8/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3, 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to August 3, 1908 that I last saw him alive on Aug 3, 1908 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Louis Hamman M.D.

Address 21 W. Franklin

Date August 3, 1908

Place of Burial Holy Redeemer

Date Aug 6 1908

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14565

Ward 15 C14565 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Chatsfield St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Parker

{Residence, if in Baltimore, Give Street and Number.} 1420 Chatsfield

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 1907

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas Parker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Charity Smith

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Parker (Father)

(Address) 1420 Chatsfield St

Filed 8/4" 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug 4 1908

that I last saw h alive on July 3 1908,

and that death occurred, on the date stated above, at 6

A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary.) Intestinal Indigestion (DURATION) 14 DAYS

(Signed) T. E. Daugherty M.D.

Address 1442 Pennsylvania Ave

Date Aug 4 1908

Place of Burial Mount Iron Cem.

Date August 6th 1908

Undertaker James H. Dennis

Address 1332 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Ward

C14566 Registered No. B C14566

# CERTIFICATE OF DEATH.

(Place of Death.) No. 604 N Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Amos

{Residence, if in Baltimore, Give Street and Number.} 604 N Dallas

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Aug 2 1908

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Amos

BIRTHPLACE OF MOTHER (State or country) Eastern Shore Md

OCCUPATION OF DECEASED servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 W. Lee St.

Filed 8/4 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Aug 2 1908 that I last saw h[illegible] alive on July 1908, and that death occurred, on the date stated above, at 11.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of uterus

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alf A Gaegl M.D.

Address 709 N Broadway

Date 8/3/08 1908

Place of Burial Laurel Cem.

Date August 5 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C14567 Registered No. B C14567

# CERTIFICATE OF DEATH.

157

(Place of Death.) No. 615 1/2 S. Sharp St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lottie Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 615 1/2 S Sharp St.

Duration of Residence in Baltimore. 2 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Aug 1 1908

AGE ..... years, ..... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Hamilton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lottie Vincent

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Hamilton

(Address) 615 1/2 S. Sharp St.

Filed 8/4 1908 HARRY C. ANDR... Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 3 1908.

that I last saw h-- alive on Aug 3 1908.

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity

(DURATION) 2 DAYS

Contributory (Primary.) Prematurity

(DURATION) DAYS

(Signed) Frank S. [illegible] M.D.

Address [illegible] Hospital

Date Aug 3 1908

Place of Burial Mt Auburn Cem.

Date August 4 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 23 — C14568 — Registered No. B C14568

# CERTIFICATE OF DEATH. 106

(Place of Death.) No. 927 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Goldsborough

{Residence, if in Baltimore, Give Street and Number.} 927 Leadenhall St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem — COLOR Col

DATE OF BIRTH 1853

AGE 55 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Edwards

(Address) 929 Leadenhall St

Filed 8/4" 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to Aug 2 1908 that I last saw h[illegible] alive on Aug 1 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea

(DURATION) 1 Mo DAYS

Con'tributory (Primary.) [illegible]

(DURATION) 1 Mo DAYS

(Signed) C. T. Swan M.D.

Address 972 Gay

Date Aug 4 1908

Place of Burial Mt Auburn Cem

Date Aug 4th 1908

Undertaker Saml H. Good & Son

Address 1400 Mosher

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

C14569

Ward 14

C14569 Registered No. B

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. 813 West North Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret E. Thornton

{Residence, if in Baltimore, Give Street and Number.} 813 West North Ave.

Duration of Residence in Baltimore. 38 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 26, 1848

AGE 59 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Queen Ann Co., Md.

FULL NAME OF FATHER Wm. Fletcher Parrott

BIRTHPLACE OF FATHER (State or country) Caroline Co., Md.

MAIDEN NAME OF MOTHER Rachael Margaret Palmer

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mable Thornton

(Address) 813 W. North Ave.

Filed 8/14" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to Aug 3 1908 that I last saw h[illegible] alive on Aug 2 1908, and that death occurred, on the date stated above, at 5.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

8 mo. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) James C. Clark M.D.

Address 1201 Madison Ave

Date Aug 4. 1908

Place of Burial London Park Cemetery

Date August 5 1908

Undertaker Henry W. Dreas & Son

Address 805 N. Calvert St.

805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6th C14570 Registered No. B C14570

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 102 N. Kenwood Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas. C. Lambert

{ Residence, if in Baltimore, Give Street and Number. } 102 N. Kenwood Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH April 1908

AGE ..... years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Benj. H. Lambert

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mollie Neary

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Lambert

(Address) 102 N. Kenwood Ave

Filed 8/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Aug 3 1908 that I last saw him alive on Aug 2 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

about 2 DAYS (DURATION)

Contributory (Primary.)

Intoxication (DURATION) — DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Aug 4 1908

Place of Burial New Cathedral

Date Aug 4th 1908

Undertaker Jno. A. Inman

Address Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

C 14571

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C ~~14573~~ 164

# CERTIFICATE OF DEATH.

(Place of Death.) No. 224 Sycamore Ave. Woodbe. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane. Ann. Lovell.

Residence, Give Street and Number, 224 Sycamore Ave

Duration of Residence in Baltimore, about 40 years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: October 10 1820

AGE: 87 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Carroll Co. Md.

FULL NAME OF FATHER: Joseph. Bushing

BIRTHPLACE OF FATHER (State or county): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Susanna. Franklin

BIRTHPLACE OF MOTHER (State or county): Carroll Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie. E. Lovell.

(Address) 224 Sycamore Ave

Filed 8/4" 1908

HARRY C. ANDREWS
Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 3rd 1908.

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to Aug 3, 1908

that I last saw her alive on Aug 1 1908

and that death occurred, on the date stated above, at 5.30 A. M.

CAUSE OF DEATH (Secondary or Immediate,) Exhaustion. Old Age.

(DURATION) DAYS

Contributory (Primary) Fracture femur.

(DURATION) 4 yrs. DAYS

(Signed) G. W. Dewitt M. D.

Address 2203 N. Charles St.

Date August 4, Tu 1908

Place of Burial St. Mary's. Hampden

Date August 5th 1908

Undertaker Wm. E. Chenoweth & Son

Address 919 Third Ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C14572 — Registered No. B

# CERTIFICATE OF DEATH.

C14572
27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Kazecky

{Residence, if in Baltimore, Give Street and Number.} 1619 Barnes st

Duration of Residence in Baltimore. 3 Yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M. |
| COLOR | W. |
| DATE OF BIRTH | 1 |
| AGE | 67 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | M. |
| BIRTHPLACE (State or country) | Austria |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kazecky

(Address) 1619 Barnes st

Filed 8/5 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 4 1908

that I last saw h— alive on Aug 4 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date Aug 4 1908

Place of Burial Mt Olivet Cemetery

Date Aug 6 1908

Undertaker Frank Grack and Son

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 27 14573 Registered No. C 14573

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 612 Light St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Regina McCann

Residence, Give Street and Number, 612 Light St.

Duration of Residence in Baltimore, — 1 F Mother —

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| F. | White |

DATE OF BIRTH ~~Feby~~ July 17th 1900.

AGE 1 years, 6 months, — 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) — Maryland —

FULL NAME OF FATHER — John F McCann

BIRTHPLACE OF FATHER (State or county) —— Md

MAIDEN NAME OF MOTHER Annie Brennan

BIRTHPLACE OF MOTHER (State or county) —— Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F McCann

(Address) 612 Light St.

Filed 8/4 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2. 1908 to Aug. 2 1908

that I last saw her alive on Aug 2. 1908

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Weakness.

(DURATION) 2 hrs ~~DAYS~~

Contributory (Primary) Diarrhea & Enteritis

(DURATION) — DAYS

(Signed) A P Driscoll M. D.

Address 26 S. Poppleton

Date August 4. 1908

Place of Burial Cathedral Cemetery

Date Aug 5th 1908

Undertaker Crowley Bros.

Address 257 N. Fulton Ave

Remarks M. H.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON BACK HEREOF.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C14574

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 4233 North Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Clark

Residence, Give Street and Number, 4233 North Ave

Duration of Residence in Baltimore, 40 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH 1

AGE 59 years, — months, — days

SINGLE, ~~MARRIED~~ ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Thos Clark

BIRTHPLACE OF FATHER (State or couuty) Ireland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Houn Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nurse

(Address) 4233 North Ave

Filed 8 / 4 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar.

H. K.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 3 1908

that I last saw h alive on Aug 3 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Diarrhoea

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. W. Pearce M. D.

Address 1238 Greenleaf

Date Aug 4th 1908

Place of Burial St. Marys Corporation

Date August 5th 1908

Undertaker H. C. Wiedefeld.

Address 914 Greenmount Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14575 C14575

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2505 W Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha A. Booth

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR white |
| DATE OF BIRTH March (Month) 17 (Day) 1864 (Year) | |
| AGE 44 years, 4 months, 15 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore City |
| FULL NAME OF FATHER | Wm P. Rawlings |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Mary J Watts |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brookes & Son

(Address) 1204 W. Baltimore St.

Filed 8/5 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| DATE OF DEATH | August (Month) 20 (Day) 1908 (Year) |

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to August 20 1908 that I last saw h.. alive on August 20 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 23 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John Watts M. D.

Aug 2 1908 (Address) 649 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | Aug 5th 1908 |
| UNDERTAKER | ADDRESS |
| Robt. Brookes Son | 17 S Calhoun |

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14576 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C14576

28

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1805 W. North ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Edward Scheminant

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June (Month) 19th (Day) 1907 (Year)

AGE: 1 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward G. Scheminant

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Schultz

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) father

(Address) 2229 Mary Ann St.

Filed 8/5 1908

BARRY O. ANDREWS PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 3rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25th 1908 to Aug 3rd 1908 that I last saw him alive on Aug 3rd 1908, and that death occurred, on the date stated above, at 8.35 P. M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

— (DURATION) — DAYS

Contributory —

— (DURATION) — DAYS

(Signed) A. A. Zimmerman M. D.

Aug 3rd 1908 (Address) 1805 W. North Ave

*SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park cem | DATE OF BURIAL: 8-5 1908

UNDERTAKER: Robt. Burkeson | ADDRESS: 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14577

Ward 4 C14577 Registered No. B 159

# CERTIFICATE OF DEATH.

(Place of Death.) No. Rennert Hotel. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jonas Dallam Horner

{ Residence, if in Baltimore, Give Street and Number. } Rennert Hotel

Duration of Residence in Baltimore. 10 Days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Horner

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Mary A. Bagley

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Horner

(Address) 161 E Lafayette st

Filed 8/5 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on 1908,

and that death occurred, on the date stated above, at 215 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Gunshot

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. J. Cameron M.D.

Address Coroners Office

Date Aug 4 1908

Place of Burial Green Mt Cemetery

Date Aug 5 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14578

C14578

Ward 11 Registered No. B 94

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dominico Eccli

{ Residence, if in Baltimore, Give Street and Number. } Fredonough School

Duration of Residence in Baltimore. 34 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Eccli.

(Address) .....

Filed 8/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 4 1908 that I last saw him alive on Aug 4 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary edema

(DURATION) DAYS

Contributory (Primary.) Pleurisy with effusion

(DURATION) DAYS

(Signed) J. A. Peters M.D.

Address Balto City Hospital

Date Aug 4 1908

Place of Burial St Peters

Date Aug 6/08 1908

Undertaker John Cook

Address 502 E. Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C14579 C14579

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# HEALTH DEPARTMENT, CITY OF BALTIMORE. 19

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2102, Penna Ave, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Michael

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH ..... (Month) ..... (Day) ..... Year)

AGE 63 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Michael

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank C Michael

(Address) 2102 Penna Ave

Filed 8/5 1908 HARRY C. ANDREWS, Registrar

PERMIT ISSUED

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3rd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to Aug 3d 1908.

that I last saw him alive on Aug. 2d 1908,

and that death occurred, on the date stated above, at 6 30 A. M. The CAUSE OF DEATH was as follows:

Heart Disease
(Fatty Degeneration)

.....(DURATION)..... DAYS

Contributory .....

.....(DURATION) 24 DAYS

(Signed) H. H. Bradley M. D.

Aug. 4th 1908 (Address) 1124 W. Saratoga St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL Aug 6 1908

UNDERTAKER W E Cook

ADDRESS 502 E Fort Ave

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 C14580 ~~C14571~~ Registered No. B ~~C14571~~ 36

# CERTIFICATE OF DEATH.

(Place of Death.) No. 630 S. Fulton St. Balto. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Erich C. Bates

{Residence, if in Baltimore, Give Street and Number.} 630 S Fulton St. Balto. Md.

Duration of Residence in Baltimore. 5 yr. 7 mo.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Feb. 4th 1904

AGE: 5 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: George M. Bates

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Adeline Robinson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. M. Brin

(Address) 911 N. Fulton Ave.

Filed 8/5 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 2nd, 4 P.M. 1908 to Aug. 3rd 4 A.M. 1908 that I last saw h er alive on Aug. 3rd 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Alcoholism

(From accident, S. Burial and Coroner) (DURATION) 20 ~~M~~ DAYS

Contributory (Primary.) Drink Large quantity of alcohol (DURATION) 20 ~~M~~ DAYS

(Signed) M. Brin M.D.

Address 911 N. Fulton Ave

Date Aug. 3rd 1908

Place of Burial Bowley Wharf Cemetery Co

Date Aug 5 1908

Undertaker Sam'l H. Chase Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C14581 — Registered No. B C14581

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claude (Baby) Thompson

{Residence, if in Baltimore, Give Street and Number.} 215 N. Wolfe st.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: Aug. 2, 1908

AGE: 0 years, 0 months, 0 days — 6 hrs.

SINGLE, ~~MARRIED~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Robert Thompson.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Rohrer

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/5 1908 HARRY C. ANDREW Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 3, 1908

I HEREBY CERTIFY, That I attended deceased from 9 P.M., VIII/2, 1908 to 3 A.M., VIII/3, 1908 that I last saw her alive on Aug 3, 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
(6½ - 7 months)

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital.

Date August 3, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 4 1908 AUG 4 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14582

Ward 15

Registered No. B 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank Rudolph

{Residence, if in Baltimore, Give Street and Number.} S Lingleff Ave. C14582

Duration of Residence in Baltimore. 20 yr.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: Max Rudolph

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State o. country): Germany

OCCUPATION OF DECEASED: Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Smith

(Address) 908 Lemmon St.

Filed Aug 5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

F Laib

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Aug. 4 1908 that I last saw h[im] alive on Aug 4 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 16 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date Aug 4 1908

Place of Burial Woodlawn cemetery

Date Aug 7 1908

Undertaker John H Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.** C14583

Ward 19 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas B Creighton

{Residence, if in Baltimore, Give Street and Number.} 1831 Mc Henry St C14583

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thomas Creighton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Hickey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Thom

(Address) 1831 Mc Henry St

Filed Aug 5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from ,

190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate )

Heart Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014. W. La Fayette

Date Aug. 5. Coroner 1908

Place of Burial St Peters Cemetery

Date August 7 1908

Undertaker John J Logan

Address 901 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 Registered No. B 14584

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. 709 Sharp St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Eliza Boyer

{ Residence, if in Baltimore, Give Street and Number. } 709 Sharp St

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1853

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. Hays

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Ennis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Hays

(Address) 1369 N. Calhoun St

Filed Aug 5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 3 1908

that I last saw h[illegible] alive on Aug 2 1908

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Apoplexy (DURATION) 60 DAYS

Contributory (Primary.) Arterio-sclerosis (DURATION) (?) DAYS

05.3

(Signed) H S McCaul M.D.

Address 3005 Druid Hill Ave

Date Aug 3 1908

Place of Burial Laurel Cem

Date Aug 6th 1908

Undertaker Saml H Chaconas

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14585

Ward 14+ Registered No. B

# CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Henry Warner

{Residence, if in Baltimore, Give Street and Number.} Trappe, Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: white.

DATE OF BIRTH: February 5, 1907

AGE: 1 years, 5 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Easton Talbot Co Md.

FULL NAME OF FATHER: Edgar T. Warner

BIRTHPLACE OF FATHER (State or country): Easton Md.

MAIDEN NAME OF MOTHER: Ida May Lewis

BIRTHPLACE OF MOTHER (State or country): Easton Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar T. Wagner

(Address) Easton Talbot Co. Md.

Filed Aug 5 1908 HARRY C. ANDREWS, PERRITT CLERK Registrar

J Laib

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4, 1908

I HEREBY CERTIFY, That I attended deceased from July 7, 1908 to August 4, 1908 that I last saw him alive on August 4, 1908, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate) Hemorrhage (Secondary to stricture of oesophagus)

(DURATION) DAYS

Contributory (Primary) Stricture of oesophagus (DURATION) DAYS

(Signed) Eugene Wroth Jr. M.D.

Address Union Protestant Infy.

Date August 4, 1908

Place of Burial Easton Talbot Co Md.

Date Aug. 5, 1908

Undertaker Geo J Smith & Co

Address 1000 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 6 — Registered No. B C14586

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 4 N Grove St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schick

{ Residence, if in Baltimore, Give Street and Number. } 4 N Grove C14586

Duration of Residence in Baltimore. 50 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 13 1832

AGE: 75 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Reid

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip J Schick

(Address) 302 5 N North Ave

Filed Aug 5 1908 — HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. fourth 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 3d 1908 to Aug. 4th 1908 that I last saw him alive on Aug. 4th 1908 and that death occurred, on the date stated above, at 11.40 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

General Debility

several months (DURATION) DAYS

Contributory (Primary.) Senility

several years (DURATION) DAYS

(Signed) Fredk. A. Consadine M.D.

Address 1221 E. Baltimore St.

Date August fourth 1908.

Place of Burial Baltimore Cem

Date Aug 6 1908

Undertaker Robert J. Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C14587 Registered No. C 14587

# CERTIFICATE OF DEATH.

50

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Carney

{Residence, if in Baltimore, Give Street and Number.} Greencastle, Pa.

Duration of Residence in Baltimore. 2 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 9 1888

AGE: 20 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Greencastle, Pa.

FULL NAME OF FATHER: H. Z. Carney

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Beckie Matthews

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Z. Carney

(Address) Greencastle Pa

Filed Aug 6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Aug 5 1908 that I last saw h-- alive on Aug 5 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia.

(DURATION) 21 DAYS

Contributory (Primary.) Diabetes

(DURATION) 180 DAYS

(Signed) J. Herbert Bates M.D.

Address Church Home & Infirmary,

Date August 5th 1908

Place of Burial Greencastle Pa

Date Aug 7 1908

Undertaker R. Sandoe & Son

Address 710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. B C14588

# CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2107 E. Federal St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Wahlhaupter

{Residence, if in Baltimore, Give Street and Number.} 2107 E. Federal st

Duration of Residence in Baltimore. 27 years C14588

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 17 1854

AGE: 54 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henrietta Wahlhaupter

(Address) 2107 E. Federal St

Filed Aug 5 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 3 1908

that I last saw h[illegible] alive on Aug 3 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure. (Delirium Tremens)

Acute Hepatitis

(DURATION) 1 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 3 DAYS

(Signed) E. Hellmuth M.D.

Address 1419 E. Fayette St

Date Aug 4th 1908

Place of Burial Baltimore Sanitary

Date Aug 6/08 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14589

10

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14589 1/20

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14589

Registered No. B.....

City of Baltimore, (No. 811, Ashland Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Turner.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH — (Month) (Day) 1 (Year)

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Edward Turner

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Alice Turner

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Turner

(Address) 811 Ashland Ave

Filed ..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July. 23 1908 to July. 27 1908 that I last saw h in alive on July. 27 1908, and that death occurred, on the date stated above, at 530 A. M. The CAUSE OF DEATH was as follows:

Nephritis

Abt 2 months (DURATION) DAYS

Contributory Dysentery

(DURATION) 3 DAYS

(Signed) H. Hobart Reich. M. D.

Aug. 3 1908 (Address) 832 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel

DATE OF BURIAL August 5 1908

UNDERTAKER R A Elliott

ADDRESS 508 Royer St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 16 Registered No. B C14590

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Stockton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Taylor

{Residence, if in Baltimore, Give Street and Number.} 1133 Stockton St

Duration of Residence in Baltimore. 25 years C14590

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 44 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Richard Taylor |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Not Known |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Taylor

(Address) 1133 Stockton St

Filed Aug 5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Fair

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Aug 3 1908

that I last saw h alive on Aug 2 1908

and that death occurred, on the date stated above, at 9 P M

CAUSE OF DEATH (Secondary or Immediate.)

Nephritis &
General Dropsy
about
1 years (DURATION) DAYS

Contributory (Primary) Heart Failure (DURATION) 2 DAYS

(Signed) L. P. Davis M.D.

Address 923 N Carrollton Av

Date Aug 4 1908

Place of Burial Mt Hope Cem

Date Aug 5th 1908

Undertaker C. L. Brauns Sons

Address 108 N Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

*twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 14591

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 523 S. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Szymanski

Residence, Give Street and Number, # 523 S. Washington St. C14591

Duration of Residence in Baltimore, Life-time

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH ..... 1.....

AGE ..... years, 4 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER Adam Szymanski

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Mary Lubawa

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Szymanski. mother

(Address) 523 S. Washington St

Filed Aug 5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from July 22, 1908 to Aug. 4 1908

that I last saw him alive on Aug 3 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum,

(DURATION) 28 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M. D.

Address # 1709 Alice Anna St.

Date Aug. 4 1908

Place of Burial Holy Rosary.

Date Wednesday Aug 5 1908

Undertaker M F. Sadowski.

Address 705 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14592 Registered No. B C14592

# CERTIFICATE OF DEATH. 167

(Place of Death.) No. 1617 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Buell

{Residence, if in Baltimore, Give Street and Number.} 1617 Argyle Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov. 2nd. 1904.

AGE: 4 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thos. Buell

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Agnes Carey

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Ulman

(Address) 1617

Filed 8/5" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

6 hrs (DURATION) ..... DAYS

Con'ributory (Primary.) Cong Ht

Jaun Coalort (DURATION) ..... DAYS

(Signed) Louis Haussmann (Germ.) M.D.

Address 700 N. Lafayette Ave

Date Aug 3 1908

Place of Burial Int Auburn Cem

Date Aug 5th 1908

Undertaker Alex Hamlen

Address 52 E. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

C14593

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 20

C14593

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 504 W Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie G. Jones

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Colored |
| DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year) | |
| AGE: 48 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | widower |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | John Garrett |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Eliza Belt |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Waitress |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Holland

(Address) 1128 Argyle Ave

Filed 8/5-11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 4th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3d 1908 to Aug 4 1908 that I last saw her alive on Aug 4 1908, and that death occurred, on the date stated above, at 5 1/2 A M. The CAUSE OF DEATH was as follows: Probably Bright's Disease. She had a large abdominal tumor (old) and had Malaria Last February Was feeling very bad, went to bed with headache - vomiting and went into coma (DURATION) Contributory Having no nurse I could not get Clinical history (DURATION) DAYS There was nothing looked in the case

(Signed) A K Bond M. D.

Aug 4 1908 (Address) 849 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Int Antrim Co Mt | Aug 6th 1908 |
| UNDERTAKER: Alex Hensley | ADDRESS: 5 7 8 Ev Building |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B C14594

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 21. E. York street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Concetta Surdi Surdio

{Residence, if in Baltimore, Give Street and Number.} 21. E. York street C14594

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR white |
| DATE OF BIRTH 9 April 1908 | |
| AGE ..... years, 5 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED — | |
| BIRTHPLACE (State or country) Baltimore | |
| FULL NAME OF FATHER Agostino Surdi | |
| BIRTHPLACE OF FATHER (State or country) Italy | |
| MAIDEN NAME OF MOTHER Carolina Sandolini | |
| BIRTHPLACE OF MOTHER (State or country) Italy | |
| OCCUPATION OF DECEASED — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F A Brausi

(Address) 703 Hanover St

Filed Aug 5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH 5 August 1908

I HEREBY CERTIFY, That I attended deceased from 29. July 1908 to 5 August 1908 that I last saw h— alive on 5 August 1908 and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Joseph Bonanno M.D.

Address 204 N. Paca Street

Date 5 August 1908

Place of Burial Saint Vincents Cemetery

Date July 6 1908

Undertaker F. A. Brausi

Address 703 Hanover St City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C14595 — Registered No. B C1459

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edith Lindsay

{Residence, if in Baltimore, Give Street and Number.} 510 Roland Ave

Duration of Residence in Baltimore. 19 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 13" 1888

AGE 19 (19) years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Richard A. Lindsay

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Caroline Neufeld

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard A. Lindsay

(Address) 510 Roland Ave.

Filed 8/5" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3" 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to August 3 1908 that I last saw h ~~er~~ alive on August 3 1908 and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ellen Garland M.D.

Address St Josephs Hospital

Date Aug. 3 1908

Place of Burial St. Mary's Cem Roland Ave

Date August 5" 1908

Undertaker Henry W. Means Jr

Address 7 West North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward, 1

Registered No. B C14596

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2103 E. Eager St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie Barbara Kohlein

{ Residence, if in Baltimore, Give Street and Number. } 2103 E Eager St. C14596

Duration of Residence in Baltimore. 36 years.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Not known 1841 |
| AGE | 67 years, ——— months, ——— days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Dudy. |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Not known |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Kohlein

(Address) 2103 E Eager St

Filed Aug 5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1908

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to Aug 3 1908 that I last saw h.. alive on Aug 3 1908, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

General debility.

(DURATION) 5 mo DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) John Gundrum M.D.

Address 102 E 25th St

Date Aug 6 1908

Place of Burial 1st German Evangelical

Date Aug 6 1908

Undertaker Grant Enoch & Son

Address 1904 Eden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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**HEALTH DEPARTMENT, City of Baltimore.**

*Ward* C14597 *Registered No. B* C14597

81

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Jas N. Dorsey

*{ Residence, if in Baltimore, Give Street and Number. }* —

*Duration of Residence in Baltimore.* —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | 66 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | M |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leader Hollyday,

(Address) BAY VIEW ASYLUM.

Filed Aug 8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Aug 4 1908

that I last saw h[illegible] alive on Aug 4 1908,

and that death occurred, on the date stated above, at 2

11. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion due to

(DURATION) DAYS

Contributory (Primary.) Paralysis of

Carcinoma Sclerosis (DURATION) DAYS

(Signed) [illegible] M.D.

Address Aug 4 [illegible]

Date Aug 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 5 - 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14598 Registered No. B C14598

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1209 Wilcox St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John Joseph McDonnell

{Residence, if in Baltimore, Give Street and Number.} 1209 Wilcox

Duration of Residence in Baltimore. Since Birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 28 1908

AGE — years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Patrick J McDonnell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary T McEnnis

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick McDonnell

(Address) 1209 Wilcox St.

Filed 8/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 5th 1908 that I last saw h[illegible] alive on Aug 5th 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W W Power M.D.

Address 1235 Eutaw St

Date Aug 5 1908

Place of Burial St. Patrick's Cemetery

Date Aug. 6th 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14599

C14599

Ward 8 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Katie E. Foster

{Residence, if in Baltimore, Give Street and Number.} 1839 N. Caroline st.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. M. Foster

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth A Teich

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M. Foster

(Address) 1839 N. Caroline St

Filed 8/6" 1908 HARRY O'. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3rd 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 3 1908

that I last saw he alive on Aug 3 1908

and that death occurred, on the date stated above, at 9 45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Typhoid fever (DURATION) 3 weeks

(Signed) Herbert Bates M.D.

Address Church Home & Infirmary

Date August 3 1908

Place of Burial London Park

Date Aug 6 1908

Undertaker K. C. Windefeld

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14600

6

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 506 Parish Ale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Webster

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May (Month) 28 (Day) 1905 (Year)

AGE: 3 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H. Webster

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Emma Ayers

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Webster

(Address) 506 Parish.

Filed 8/6" 1908 Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug. 4 1908 that I last saw him alive on Aug. 2 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Morbilli

(DURATION) 8 DAYS

Contributory Pneumonia

(DURATION) 14 DAYS

(Signed) F. M. Graham M. D.

Aug 5 1908 (Address) 1124 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Old Town

DATE OF BURIAL: Aug 6 1908

UNDERTAKER: R. L. Parlane

ADDRESS: 1213 Pamb

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14601

Ward 24 C14601 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1421 Haubert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christoph Hans

{Residence, if in Baltimore, Give Street and Number.} 1421 Haubert St

Duration of Residence in Baltimore. Always

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH May 13 1908

AGE — years, 2 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Joseph Hans

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Margaretha Hup

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hans

(Address) 1421 Haubert St

Filed 8/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1908

I HEREBY CERTIFY, That I attended deceased from August 1st, 1908 to August 6th 1908

that I last saw him alive on Aug 5th 1908

and that death occurred, on the date stated above, at 11.30 ~~A~~ P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 3 hours

Contributory (Primary) Entero-colitis

(DURATION) 4 DAYS

(Signed) Kahn, M.D.

Address 1610 E. Fort Ave

Date 1908

Place of Burial Holy Cross U.D. Co

Date Aug 6 1908

Undertaker Jos. Stumtebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C14602

Ward 23

C14602

Registered No. B

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1028 Leadenhall St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Lomax

{Residence, if in Baltimore, Give Street and Number.} 1028 Leadenhall St

Duration of Residence in Baltimore. Entire life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: September 12 1863

AGE: 45 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: Hetta Forman

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Washing & Ironing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Thomas 1028 Lanvale St.

(Address) 1028 Lanvale St.

Filed

Aug 8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

8/6

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on Aug 4th 1908,

and that death occurred, on the date stated above, at 6 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Two months (DURATION) ..... DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ..... DAYS

(Signed) F. E. Smith M.D.

Address 910 Light St.

Date Aug 6 1908

Place of Burial Mt. auburn Cem.

Date August 6 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 23 C14603 Registered No. B C14603

# CERTIFICATE OF DEATH. 8

(Place of Death.) No. 1013 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Columbus F. Gordon

{Residence, if in Baltimore, Give Street and Number.} 1013 Leadenhall

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 26 1907

AGE: 1 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Clarence F. Gordon

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Carrie Boyer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Gordon

(Address) 1013 Leadenhall

Filed 8/6 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Aug 5 1908 that I last saw h[illegible] alive on Aug 3 1908 and that death occurred, on the date stated above, at 2:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema

(DURATION) 60 DAYS

Contributory (Primary.) Pertussis

(DURATION) 8 mos DAYS

(Signed) W. S. McCann M.D.

Address 2005 Druid Hill Ave

Date Aug 5 1908

Place of Burial Mt. Auburn Cem.

Date August 6 1908

Undertaker John H. Goodwin

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14604

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14604

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 204 N. Caroline St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isac Kaplon.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: April (Month) 15. (Day) 1907. (Year)

AGE: 1 year 3 months, 21 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Maryland Baltimore City

FULL NAME OF FATHER: Sam Kaplon.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rachel Finck

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF ~~DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Kaplon.

(Address) 204 N. Caroline St.

Filed 8/6" 1908 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 5, 1908 to August 5 1908 that I last saw him alive on August 5 1908, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Diarrhea and enteritis

(DURATION) 24 DAYS

Contributory Exhaustion and Cardiac failure, (DURATION) 18 Hours. DAYS

(Signed) L. H. Coleman, M. D.

Aug. 6, 1908 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Rockdale Cem | Aug 6 1908 |
| UNDERTAKER | ADDRESS |
| Wm Levinson | 1620 N. Eldery St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14605

Ward 9 C14605 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1919 Monion ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida a. Walter

{Residence, if in Baltimore, Give Street and Number.} 1919 Union ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 28 1907

AGE ..... years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George J. Walter

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Grace Flemming

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Walter

(Address) 1919 Union ave

Filed 8/6" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 — 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 5 — 1908 to Aug. 5 — 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infant

10 hours (DURATION) DAYS

Contributory (Primary.) —

— (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date August 6 1908

Place of Burial London Park

Date Aug 7 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C14606 — Registered No. B C14606

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Finegan

{Residence, if in Baltimore, Give Street and Number.} 1106 Pinckney St.

Duration of Residence in Baltimore. 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 10 1873

AGE 34 years, 7 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ W

BIRTHPLACE (State or country) Laurel Md.

FULL NAME OF FATHER Chas Baur

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Ruchtelburger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hodges.

(Address) 1147 Columbia Ave

Filed 8/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug. 4 1908

that I last saw h alive on Aug. 4 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 21 DAYS

(Signed) Reese Duffy M.D.

Address Franklin Sq. Hosp.

Date Aug. 4, 1908 1908

Place of Burial Western Cem

Date Aug 6. 1908

Undertaker Jos B Cook

Address 1013 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

C14607

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56

C14607

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1708, Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan E. Bradley

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 9, 1863 (Month) (Day) (Year)

AGE: 44 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Louis.

FULL NAME OF FATHER: Harry Manning

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Flynn.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm F Bradley

(Address) 1708 Mosher St.

Filed 8/6" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 4th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 7th 1908 to August 4th 1908

that I last saw h-- alive on Aug. 4th 1908,

and that death occurred, on the date stated above, at 3-30 p. m. The CAUSE OF DEATH was as follows:

Alcoholism, Cirrhosis,
Bright's disease

(DURATION) DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Wm. Niebuhr M. D.

Aug. 4th 1908 (Address) 30 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Aug 7 1908

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C14608 Registered No. C C14608

# CERTIFICATE OF DEATH.

159

(Place of Death.) No. 2741 Druid Hill Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name C. F. Richard Arming

Residence, Give Street and Number, 2741 Druid Hill Ave.

Duration of Residence in Baltimore, 30 years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Christian Arming

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Gertrude Thoss

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Arming

(Address) 2741 Druid Hill Ave

Filed 8/6" 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Shock Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary) Gunshot Shot through Right Temple (DURATION) ..... DAYS

(Signed) C. Lincoln Sullivan M. D.

Address 1818 N. Ches St. Coroner

Date Aug 6 1908

Place of Burial Oak Lawn Cemetery

Date Aug 7 1908

Undertaker Armstrong Demp Co

Address 715 Light St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.** C14609

C14609

Ward 4 *Registered No.* **B** .....

# CERTIFICATE OF DEATH. 14

(Place of Death.) *No.* Baltimore City Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Mary Elizabeth Johnson

*{ Residence, if in Baltimore, Give Street and Number. }* St. Elizabeths Home

*Duration of Residence in Baltimore.* Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Unknown 1905

AGE 3 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED — Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 8/6" 1908 HARRY O. INGRAM, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5, 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 5 1908 that I last saw her alive on Aug 5 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) ..... DAYS

Contributory (Primary.) Congenital Syphilis

(DURATION) ..... DAYS

(Signed) J. A. Petras M.D.

Address City Hospital

Date Aug 6 1908

Place of Burial Cathedral Cemetery

Date Aug 6th 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

C14610 C14610

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

108

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1834 E. Eager St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanche Grant

*PERSONAL AND STATISTICAL PARTICULARS*

SEX: female | COLOR: c

DATE OF BIRTH: May (Month) 2 (Day) 1908 (Year)

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Grant

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Isabella Audsom

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Grant

(Address) 1834 E Eager st

Filed 8/6 1908 HARRY C. ANDREES, PERMIT CLERK Registrar

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH: Aug (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug 5 1908

that I last saw h e alive on Aug 4 1908

and that death occurred, on the date stated above, at 8 30 A. M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 9 DAYS

Contributory: Collapse (DURATION) ..... DAYS

(Signed) Edward Lee Cullen M.D.

Aug 5 1908 (Address) 1101 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Aug 7th 1908 |
| UNDERTAKER | ADDRESS |
| Chas G Bailey | 147 Jefferson st |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C14611

Registered No. C14611

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 605 E. Chas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos G. Smart

Residence, Give Street and Number, 605 E. Chas St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 22 - 1907

AGE: ——— years, 10 months, 14 days

SINGLE, ~~MARRIED~~ ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Thos F. Smart

BIRTHPLACE OF FATHER (State or county): Maine

MAIDEN NAME OF MOTHER: Ellenora Timm

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 605 E. Chas St

Filed 8/6" 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

Dr Denton

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to Aug 6 1908

that I last saw h— alive on Aug 5 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteritis.

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James M Purdum M. D.

Address 707 Chas St

Date Aug. 6 1908

Place of Burial Cathedral

Date August 7. 1908

Undertaker H. C. Wriedfeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C14612 — Registered No. C 14612

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1217 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Ryan

Residence, Give Street and Number, 1217 Holbrook St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH May 7 1863

AGE 45 years, 2 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Thos Tiernan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherin Larkin

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1217 Holbrook St

Filed 8/6" 1908 — BARRY O. ANDREWS, PERMIT CLERK, Registrar.

E Haymard

Remarks

Cardiac

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 5, 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 5, 1908

that I last saw h[illegible] alive on Aug 4, 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

~~Hy~~ Prostatic Pneumonia and Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of Liver (DURATION) 4 DAYS

(Signed) E. H. Haymard M. D.

Address 1230 N Caroline St

Date Aug 5 1908

Place of Burial Cathedral

Date August 7. 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — C14613 — Registered No. B C14613

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2303 Cambridge St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie E Inover

{Residence, if in Baltimore, Give Street and Number.} 2303 Cambridge St

Duration of Residence in Baltimore. 4 Months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Mar 29 1908

AGE: — years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: John Inover

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Inover

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Inover

(Address) 2303 Cambridge St

Filed 8/6" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1908 to Aug. 5 1908 that I last saw h[illegible] alive on Aug 4 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Aug. 6 1908

Place of Burial Holy Rosary

Date Aug 6 1908

Undertaker W Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10

Registered No. B C14614

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 723 N. Eden St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elizabeth A. Webster

{Residence, if in Baltimore, Give Street and Number.} 723 N. Eden st C14614

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17th 1842

AGE: 66 years, ... months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Webster

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Margaret Kennedy

BIRTHPLACE OF MOTHER (State or country): York Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATE[illegible] PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Manifold

(Address) 723 N. Eden st

Filed Aug 6 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1908

I HEREBY CERTIFY, That I attended deceased fr[illegible]

Jan 10 1908 to Aug 5 1908

that I last saw h[illegible] alive on July 5 1908

and that death occurred, on the date stated above, at 3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Heart failure

(DURATION) 7 DA[illegible]

Contributory (Primary)

Chr. Bright's (DURATION) 6 Mo DA[illegible]

(Signed) Arthur Wellford M.

Address 2031 Eutaw Place

Date Aug 5. 1908

Place of Burial Mt Olivet Cemetery

Date August 8th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 20 — Registered No. B C14615

# CERTIFICATE OF DEATH.

112

(Place of Death.) No 324 S Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A Hoffman

{Residence, if in Baltimore, Give Street and Number.} 324 S Monroe St

Duration of Residence in Baltimore. Life time - C14615

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White. |
| DATE OF BIRTH | 1 |
| AGE | 61 years, — months, — days |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | Married. |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | John Thomas Hoffman |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | Christina Cole |
| BIRTHPLACE OF MOTHER (State or country) | Germany. |
| OCCUPATION OF DECEASED | None. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth A Hoffman

(Address) 324 S Monroe

Filed Aug 6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 4th 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to Aug 4 1908

that I last saw h[illegible] alive on Aug 3 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

1 year, (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) [signature] M.D.

Address 1793 Hollins St

Date Aug 5th 1908

Place of Burial London Park Cemetery

Date AUG 7 1908 1908

Undertaker George A Gerber

Address 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 13 Registered No. B C14616

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2797 Ceder Av St. 105 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hammond D Attemeier

{Residence, if in Baltimore, Give Street and Number.} 2797 Ceder Av

C14616

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 29th 1908

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Attemeier

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane V Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Attemeier

(Address) 2797 Ceder Av

Filed Aug 6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Aug 6 1908 that I last saw him alive on Aug 5 1908, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse from Summer Diarrhoea (Bottle fed)

(DURATION) 10 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 36 DAYS

(Signed) Wm H. Feddeman M.D.

Address 800 1st Ave

Date Aug 6th 1908

Place of Burial London Park Cemetery

Date August 8 1908.

Undertaker Wm Cook

Address 562 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C14617

# CERTIFICATE OF DEATH.

41

(Place of Death.) No. 406. E Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F Burke

{Residence, if in Baltimore, Give Street and Number.} 406 E Oliver C14617

Duration of Residence in Baltimore. 49 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B Burke

(Address) 406 E Oliver

Filed Aug 6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to Aug 6th 1908

that I last saw h[er] alive on Aug 5th 1908,

and that death occurred, on the date stated above, at 6.25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis

Pulmonal (DURATION) DAYS

Contributory (Primary.) Cancer (Sarcoma)

of Bowels (DURATION) about 6 Months

(Signed) W. H. Mahr M.D.

Address 607 N. Charles

Date Aug 6th 1908

Place of Burial Loudon Park

Date Aug 9 1908

Undertaker Wm Cook

Address 602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B C14618

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 Canton ave St. 27 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Smith

{Residence, if in Baltimore, Give Street and Number.} 2024 Canton Ave C14618

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH June 19 1884

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Peter Conroy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Stanton

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Conroy

(Address) 524 S. Washington st

Filed Aug 6 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4/ 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 4 1908

that I last saw her alive on Aug 3 1908 12 M.

and that death occurred, on the date stated above, at 6 P M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) G. C. Thiems M.D.

Address 3038 E Balto St.

Date Aug. 4/08. 1908

Place of Burial Hollybrook

Date Aug. 7 1908

Undertaker Jno. J. Doran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 18 C14619 — Registered No. B C14619

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 503 N. Carey St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph L. Huesman

{Residence, if in Baltimore, Give Street and Number.} 503 N. Carey St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept - 21 - 1907

AGE: — years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md -

FULL NAME OF FATHER: Peter J. Huesman

BIRTHPLACE OF FATHER (State or country): Balto. Md -

MAIDEN NAME OF MOTHER: Rebecca P. Hartwell

BIRTHPLACE OF MOTHER (State or country): Balto. Md -

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter J. Huesman

(Address) 503 N. Carey St

Filed Aug 6 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 5 1908

that I last saw him alive on Aug 5 1908

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 9 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) Henry C. Free M.D.

Address 1203 W. Fayette St

Date Aug 5 — 1908

Place of Burial New Cathedral Cemetery

Date August 7th 1908

Undertaker Wm. H. Jenkins & Sons Co

Address 366 W. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15 C14620 — Registered No. B C14620

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3217 Windsor Ave (Walbrook) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Crutchfield Berkeley

{Residence, if in Baltimore, Give Street and Number.} 1911 Linden ave

Duration of Residence in Baltimore. 30 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | August 30th 1856 about. |
| AGE | 52 years, 11 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Hanover Co. Va |
| FULL NAME OF FATHER | Richard F. Berkeley |
| BIRTHPLACE OF FATHER (State or country) | Virginia |
| MAIDEN NAME OF MOTHER | Elizabeth S. Price |
| BIRTHPLACE OF MOTHER (State or country) | Virginia |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Paine

(Address) 3217 Windsor ave

Filed 8/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to Aug 5 1908 that I last saw her alive on August 5 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonary

(DURATION) 11 years

Contributory (Primary.) Heart prostration

(DURATION) ← DAYS

(Signed) Jno H Jenkins Jr M.D.

Address 916 Cathedral St

Date August 6th 1908

Place of Burial Greenmount Cemetery

Date August 8th 1908

Undertaker H. W. Jenkins & Sons Co.

Address 600 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C14621 Registered No. B C14621

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 861 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Joseph Wright

{ Residence, if in Baltimore, Give Street and Number. } 861 Greenmount Ave.

Duration of Residence in Baltimore. 53 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 1, 1838

AGE: 69 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Wright

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Fleagle

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Wright

(Address) 861 Greenmount ave

Filed 8/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

H. H.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5, 1908

I HEREBY CERTIFY, That I attended deceased from 1903 1900 to July 4th 1908 that I last saw him alive on July 30th 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Age & general debility

.....

.....

.....

.....(DURATION).....DAYS

Contributory (Primary.) Heart & Exhaustion

.....(DURATION).....DAYS

(Signed) Jno. Bonne Bagley M.D.

Address 104 E. Madison St.

Date Aug 5th 1908

Place of Burial Cathedral Cemetery

Date August 8, 1908

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

23

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

165

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14622 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C14622

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 5 N. West St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Franklin B. Koontz

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 17 (Day) 1907 (Year)

AGE: ..... years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John F Koontz

BIRTHPLACE OF FATHER (State or country): Frederick Md.

MAIDEN NAME OF MOTHER: Mary Arnold

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Koontz

(Address) 1014 Goodman alley

Filed 8/6 1908 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 5 1908 to aug 6 1908

that I last saw him alive on aug 5 1908,

and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 6 DAYS

Contributory .....

(DURATION) 6 DAYS

(Signed) W. P. Smith M. D.

Aug 6 1908 (Address) 928 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem | Aug 7 1908 |
| UNDERTAKER | ADDRESS |
| H Schlosnagle & Son | 1024 Hanover st |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C14623

Ward 14 623 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Henry Vest.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Infant.

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male. | COLOR W. |
| DATE OF BIRTH | 1908 |
| AGE ..... years, 3 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum

(Address)

Filed 8/6 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

H. K

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug. 4 1908 that I last saw him alive on Aug 4 1908, and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. D. Stayward M.D.

Address 1230 N Carlton

Date Aug 5th 1908

Place of Burial New Bucktail

Date Aug 6th 1908

Undertaker Martin Fickey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14624 Registered No. B C14624

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lackey.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: F | COLOR: W. |
| DATE OF BIRTH: July 16 1908 | |
| AGE: ....years, ....mon'ths, 19 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 8/6 1908 HARRY O. ANDE[illegible] PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug 4 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. Hayward M.D.

Address 1232 N. Caroline

Date Aug 5 th 1908

Place of Burial New Cathedral

Date August 6th 1908

Undertaker Martin Fahey & Sons

Address 606 Fahey Lane Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14625

# HEALTH DEPARTMENT, City of Baltimore.

C14625

Ward 14 Registered No. B 151.

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margaret Mc. Adams

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX F. | COLOR W. |
| DATE OF BIRTH | 1908 |
| AGE | years, 1 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent Infant Asylum

(Address)

Filed 8/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from August 1 1908 to August 4 1908 that I last saw her alive on " " " 1908, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmas

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date Aug. 5 1908

Place of Burial New Cathedral

Date Aug. 6th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C14626 — C14626 — Registered No. B 158

# CERTIFICATE OF DEATH.

(Place of Death.) No. Body found Ft of Hanbert St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William B. Stevens

{Residence, if in Baltimore, Give Street and Number.} 665 E. Clement St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dont Know

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James W. Stevens

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Mary C Salgues

BIRTHPLACE OF MOTHER (State or country): West India

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ross A. Stevens (Son.)

(Address) 665 E. Clement St

Filed 8/7" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Missing ~~since~~ Aug 4-08 Body found Aug 6. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at —

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide

by

Drowning

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date August 6 1908

Place of Burial Balto. Cemetery

Date Aug 7 1908

Undertaker Armstrong Dertg Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14627

Ward 23

C14627 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victor Solomon

{Residence, if in Baltimore, Give Street and Number.} 2019 Hanover

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 6 1908

AGE: ..... years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Gabriel Solomon

BIRTHPLACE OF FATHER (State or country): Naples

MAIDEN NAME OF MOTHER: Miss Darwell.

BIRTHPLACE OF MOTHER (State or country): Carroll County

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Solomon

(Address) 2019 Hanover

Filed 8/7" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 5 1908 that I last saw h... alive on Aug 5 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 2 DAYS

Con'tributory (Primary.) Mal-Nutrition

(DURATION) 5 DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St

Date Aug 5 1908

Place of Burial Cedar Hill cemetery

Date Aug 7 1908

Undertaker J. Fav McCardle

Address 39 E. Fort. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14628

Ward 24 C14628 Registered No. B

# CERTIFICATE OF DEATH.

34

(Place of Death.) No. 134 E. Fort ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Miss Annie Harrison

{Residence, if in Baltimore, Give Street and Number.} 134 E. Fort ave.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH November 2 1880

AGE 27 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William T. Harrison

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Margaret Hannigton

BIRTHPLACE OF MOTHER (State or country) St. Johns. New Brunswick

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Harrison

(Address) 134 E. Fort ave.

Filed 8/7" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to Aug 5 1908

that I last saw her alive on Aug 4 1908

and that death occurred, on the date stated above, at 6.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Nervous Prostration

(DURATION) one DAYS

Contributory (Primary) Tuberculosis

General (DURATION) 180 DAYS

(Signed) R W Hannon M.D.

Address Mt Winans

Date Aug 5 1908

Place of Burial London Park

Date Aug. 8 1908

Undertaker L. Fenwick McAnally

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14629

Ward 2 C14629 Registered No. B

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. #4 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Mayer

{Residence, if in Baltimore, Give Street and Number.} #4 S. Ann St.

Duration of Residence in Baltimore. 55 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Mayer

(Address) 4 S. Ann St

Filed 8/7" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday Aug 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2" 1908 to Aug 5" 1908

that I last saw her alive on Aug 5" 1908

and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary.) Enteritis

(DURATION) 3 DAYS

(Signed) Edward Robertson M.D.

Address 2179 E Baltimore St.

Date Aug 6" 1908

Place of Burial Trinity Cem

Date Aug 7/08 1908

Undertaker J Herwig & Son

Address 2008 E Eldean St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14630

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14630
151

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 942 Leadenhall St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Baby Tyler

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: August (Month) 6 (Day) 1908 (Year)

AGE: ..... years, ..... months, 11 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Harry Tyler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Louisa Jackson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Tyler

(Address) 942 Lebadenhall St.

Filed 8/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 8-6 1908 to 8-6 1908 that I last saw her alive on 8-6 1908, and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

Congenital debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Maynard Willis M. D.

8/6 1908 (Address) 810 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: 8/7 1908

UNDERTAKER: John H. Toadvine | ADDRESS: 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7 — C14631 — Registered No. B C14631 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 826 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Max Fishman

{Residence, if in Baltimore, Give Street and Number.} 826 N Bond

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White. |
| DATE OF BIRTH: Dec. 16 1907 | |
| AGE: ——— years, 19 months, ——— days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——— | |
| BIRTHPLACE (State or country): Balto | |
| FULL NAME OF FATHER: Isaac Fishman | |
| BIRTHPLACE OF FATHER (State or country): Russia | |
| MAIDEN NAME OF MOTHER: Eva Eddf | |
| BIRTHPLACE OF MOTHER (State or country): Russia | |
| OCCUPATION OF DECEASED: ——— | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Fishman

(Address) 826 N Bond St

Filed 8/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Aug. 7 1908 that I last saw h— alive on —— 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Kollenberg M.D.

Address 1810 E. Balto St.

Date Aug. 7 1908

Place of Burial Hebrew Rodeldall

Date Aug. 7, 1908

Undertaker Max Lennig

Address 620 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14632

Ward 23

C14632 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 127 W Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. J. Kirwan

{Residence, if in Baltimore, Give Street and Number.} 127 W Clement St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: mch. 5 1843

AGE: 65 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married -

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. W Kirwan

BIRTHPLACE OF FATHER (State or country): Carrol Co Md.

MAIDEN NAME OF MOTHER: Adelina Kirby -

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Fireman -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. W Lewis.

(Address) 127 W. Clement

Filed 8/7" 1908 HARRY C. ANDREAS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug- 6 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to Aug 6 1908

that I last saw h alive on Aug 6 1908

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate) Chronic Interstitial Nephritis - months - (DURATION) DAYS

Contributory (Primary.) asthema 4 (DURATION) DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 E Shipp

Date Aug. 6 1908

Place of Burial Green Mount Cem.

Date Aug 8th 1908

Undertaker C. Schluman Son

Address 1059 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B C14633

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. Fonciscll Dominick St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

~~Full Name~~ 1926 Altamont St

{Residence, if in Baltimore, Give Street and Number.}

C14633

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR White |
| DATE OF BIRTH | 1 |
| AGE | years, 10 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Frankish Dominick |
| BIRTHPLACE OF FATHER (State or country) | Prussia |
| MAIDEN NAME OF MOTHER | Mone Eiga |
| BIRTHPLACE OF MOTHER (State or country) | Austria |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frondenck Dominick

(Address) 1926 Altamont St

Filed Aug 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Aug 6 1908 that I last saw h— alive on —. 1908, and that death occurred, on the date stated above, at 11-30 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary) Endocarditis (DURATION) DAYS

(Signed) W. J. Reynolds M.D.

Address cor Lexington & Eutaw

Date Aug. 7. 1908

Place of Burial St Stanislaus

Date Saturday Aug 8" 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14634

Ward V

Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 805 So. Ann st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Elliott

{ Residence, if in Baltimore, Give Street and Number. } 805 So. Ann st C14634

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Elliott.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Zahanns.

BIRTHPLACE OF MOTHER (State or country): German Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Elliott.

(Address) 805 S. Ann St

Filed Aug 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Aug 6 1908 that I last saw h im alive on Aug 5th 1908, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

~~Enteritis~~ Cardiac Exhaustion (DURATION) 1 DAYS

Contributory (Primary.) Enteritis

(DURATION) 3 DAYS

(Signed) A L Tumbleson M.D.

Address 2018 Bank st

Date Aug 6 1908

Place of Burial St Stanislaus'

Date Saturday Aug 8" 1908

Undertaker M F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

Ward 23

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 14635

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Thomas Mason Sanitarium, Mt. Wilson Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Russell Maynard

Residence, Give Street and Number, 1043 S. Charles St. C14635

Duration of Residence in Baltimore, 6 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 7 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks .....

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Aug 5 1908

that I last saw h[illegible] alive on Aug 5 1908

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) 6w DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. McKee Jr. M. D.

Address 604 Cathedral St

Date Aug 6 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 7 1908 190

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address

FOR MEDICAL PURPOSES

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C14636

Ward 17

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1N0 Thomas Wilson Sanitarium St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Brien

Residence, Give Street and Number, Goldsmith Lane & Harford Road C14636

Duration of Residence in Baltimore, 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH May 26 1908

AGE ... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER George Wilhelm Brien

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Catherine M. Friedl

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 7 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 3 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 3 1908

that I last saw him alive on Aug 3 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION 30 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) ..... M. D.

Address Johns Hopkins Hospital
804 Cascade St

Date Aug 6 1908

Place of Burial .....

Date ..... 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address .....

Remarks .....

JOHNS HOPKINS HOSPITAL
AUG 6 1908
LIBRARY & STATISTICAL BUREAU

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

163

HEALTH DEPARTMENT, City of Baltimore.

C14637

Ward 24

Registered No. B

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Felix Sclokoski

{Residence, if in Baltimore, Give Street and Number.} Garrett Ave and Clement Sts (?)

Duration of Residence in Baltimore. —

C14637

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 4 1908 that I last saw h in alive on Aug 4 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia and Hypostatic Pneumonia

(DURATION) 4 DAYS

Con'tributory (Primary.) Dysplacia Fem

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date Aug 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 1908

Date 190

Commissioner Health. Per. Wm. E. WOODALL

Undertaker

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

161

**HEALTH DEPARTMENT, City of Baltimore.** C14638

Ward 21 Registered No. B 108

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Potts

{Residence, if in Baltimore, Give Street and Number.} 819 Stockholm St. C14638

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) HARRY C. ANDREWS.

(Address) PERMIT CLERK.

Filed Aug 7 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to August 5 1908 that I last saw h- alive on August 5 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Three (DURATION) DAYS

Contributory (Primary) Incarcerated inguinal hernia (DURATION) DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date August 5 1908

Place of Burial

Date 190

Undertaker

Address

JOHNS HOPKINS HOSPITAL
AUG 1908
Commissioner Health.
Per. Wm. [illegible]
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

161

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward*..... *Registered No. B* C14639

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Wm J Thomas

{ *Residence, if in Baltimore, Give Street and Number.* } — C14639

*Duration of Residence in Baltimore.* —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | 33 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Ohio |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed Aug 9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Aug 5th 1908

that I last saw h— alive on Aug 5th 1908,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

—

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary

(DURATION) DAYS

(Signed) W R Eshleman M.D.

Address Bay View Hosp.

Date Aug 5th 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 6 1908

Date Aug 6 1908

Undertaker G. L. Hurley

Address 931 N. Monroe St

WM. J. C. DULANY CO., Baltimore.

FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16 1

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward*..... *Registered No. B* C14640

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Matthew Craig.

{ *Residence, if in Baltimore, Give Street and Number.* } —

C14640

*Duration of Residence in Baltimore.* —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M | COLOR: W |
| DATE OF BIRTH: — 1 | |
| AGE: 67 years, — months, — days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: W. | |
| BIRTHPLACE (State or country): Scotland | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: Carpenter | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leuart Duffy Supt.

(Address) BAY VIEW ASYLUM.

Filed Aug 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to Aug 5th 1908 that I last saw him alive on Aug 5th 1908, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease
Asthma

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date Aug 6th 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 6 1908

Date 190

Undertaker G. L. Burley

Address 931 N. Mobtup st

WM. J. C. DULANY CO., BALTIMORE. FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

1 6

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward*..... *Registered No. B* C14641

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Wm Ford

C14641

*{ Residence, if in Baltimore, Give Street and Number. }* —

*Duration of Residence in Baltimore.* —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX M | COLOR W |
| DATE OF BIRTH — 1 | |
| AGE 45 years, — months, — days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S |
| BIRTHPLACE (State or country) | England. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Lab- |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed

Aug 7 1908 HARRY C. ANDREWS

Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 4 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 4 1908

that I last saw him alive on Aug 4 1908, 9.30

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Coma of Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Bright's Disease

(DURATION) ..... DAYS

(Signed) ..... M.D.

Address Bay View Hosp.

Date Aug 5 1908

Place of Burial JOHNS HOPKINS HOSPITAL

AUG 6 1908

Date ..... 190....

Undertaker G L Burley

Address 931 N. Monroe St.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

160

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 5 Registered No. B C14642

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 311 Forrest St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Neoma Wright

{ Residence, if in Baltimore, Give Street and Number. } 311 Forrest St

Duration of Residence in Baltimore. Life C14642

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX F | COLOR B |
| DATE OF BIRTH 1 | |
| AGE X years, 1 months, X days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) Baltic | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at 9.33 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Joseph Cornell M.D.

Address Coroners Office

Date Aug. 5 1908

Place of Burial .....

Date ..... 190....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

160

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 14643

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary 1517 Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Robert Patten

{ Residence, if in Baltimore, Give Street and Number. } 2128 Fulton Ave. Balto. Md.

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

Ira Kellogg undertaker

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Aug. 4 1908 that I last saw him alive on Aug. 4 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock - following Laceration.

(DURATION) 3 DAYS

Contributory (Primary.) Accidental Obstruction (DURATION) ..... DAYS

(Signed) Harry L. Hansen M.D.

Address Union Protestant Infirmary 1517 Division St.

Date Aug. 4 1908

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...LTH DEPARTMENT, Ci... 14643

Ward 15 C14643 Registered No. B

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William R. Peters

{Residence, if in Baltimore, Give Street and Number.} 2128 W. Fulton Ave.

Duration of Residence in Baltimore. 2½ years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER John C. Peters

BIRTHPLACE OF FATHER (State or country) Phila. Pa

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Peters

(Address) 2128 W. Fulton Ave

Filed 8/7" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug. 4 1908

that I last saw h... alive on Aug. 4 1908

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock- following Peritonitis

(DURATION) 4 hrs

Contributory (Primary.) Peritonitis Appendicitis (DURATION) 3 DAYS

(Signed) Benj L. Homes M.D.

Address Union Protestant Infirmary.

Date Aug. 4th 1908

Place of Burial Loudon Park

Date Aug 7 1908

Undertaker Hospital Taking Co

Address 606 N. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14644

C14644

Ward 10 Registered No. B

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1002 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. A Keller

{Residence, if in Baltimore, Give Street and Number.} 1002 Clifton Pl

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Keller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Orth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wife

(Address) 1002 Clifton Place

Filed 8/7 " 1908 HARRY C. ANDREES, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5th " 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1st " 1908 to Aug 5th " 1908

that I last saw him alive on Aug 5th " 1908

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (Aortic & Mitral)

Chronic — Years (DURATION) — DAYS

Con'tributory (Primary.) Myoendocarditis

(DURATION) DAYS

(Signed) H W Chambers M.D.

Address 18 W Franklin St

Date Aug 6th 1908

Place of Burial Cathedral

Date Aug 8 — 1908

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14645

C14645

Ward 20 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Kinnan

{Residence, if in Baltimore, Give Street and Number.} 1819 W Fayette St

Duration of Residence in Baltimore. 38 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 17 1843

AGE 65 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER Geo H. Meekins

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dorothy Tubman

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen J. Keene sister

(Address) Fredericksburg Va

Filed 8/7" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug 7 1908

that I last saw h[illegible] alive on Aug 7 1908

and that death occurred, on the date stated above, at 3

a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cutaneous Gangrene

following typhoid (DURATION) DAYS

(Signed) E. MacFarland M.D.

Address St. Josephs Hospital

Date July 7 1908

Place of Burial Golden Hill Dorchester Co Md

Date Aug 8 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. B C14646

# CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1834 N. Hopkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carl L. Hempfling

{Residence, if in Baltimore, Give Street and Number.} 1834 N. Hopkins ave

C14646

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 15th 1898

AGE: 9 years, 8 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Hempfling

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Wagandt

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hempfling

(Address) 1834 Hopkins ave

Filed Aug 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6. 1908

I HEREBY CERTIFY, That I attended deceased from July 20. 1908 to Aug. 6. 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Endocarditis

(DURATION) 17 DAYS

Contributory (Primary.)

Rheumatism (DURATION) 17 DAYS

(Signed) Geo. A. Hartman M.D.

Address 1131 N. Carolina St.

Date Aug. 9. 1908

Place of Burial Baltimore Cemetery

Date August 9th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B C14647

Ward 15

# CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 1524 N. Carey St St.

Full Name Louisa Nigle Smith

{ Residence, if in Baltimore, Give Street and Number. } 1524 N. Carey St C14647

Duration of Residence in Baltimore. about 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 1st 1839

AGE 69 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Elias Bowen

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Charlotte Carter

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. R. Smith

(Address) 1524 N. Carey St. or George Street. Hampden

Filed Aug 9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6, 1908

I HEREBY CERTIFY, That I attended deceased from about May 15 1908 to Aug. 4 1908

that I last saw h alive on Aug 4, 1908;

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH, (Secondary or Immediate

Heart failure

(DURATION) one DAYS

Contributory (Primary.) Heart disease

+ Chronic nephritis (DURATION) one year DAYS

(Signed) Maurice E. Shannon M.D.

Address 1213 N. Gilmor St

Date August 6, 1908

Place of Burial Pleasant Hill Cem.

Date Aug 9 1908

Undertaker Chas. E. Fraser

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 C14648 Registered No. B C14648

# CERTIFICATE OF DEATH.

(Place of Death.) No. 211 E. 23rd St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Daisy McKee

{Residence, if in Baltimore, Give Street and Number.} 211 E. 23rd St

Duration of Residence in Baltimore. 8 Yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | July 7 1883 |
| AGE | 25 years, 1 months, 4 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Alfred Smith |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Mary M Taylor |
| BIRTHPLACE OF MOTHER (State or country) | Balto Md |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Matthews

Address 211 E 23rd St.

Filed 8/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 6 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to Aug 5 1908 that I last saw h alive on Aug 3 1908 and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) 14 DAYS

Contributory (Primary) Carcinoma of Uterus (DURATION) 2 years

(Signed) Stephen Miller M.D.

Address 2228 Eutaw St

Date Aug 8 1908

Place of Burial Berkley Springs W. Va

Date Aug 8 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C14649

# CERTIFICATE OF DEATH.

C14649

Registered No. B.....

City of Baltimore, (No. 2104 N. Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy E. Scott.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 24th (Day) 1908 (Year)

AGE: ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Clarence Scott.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Memmert

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Scott

(Address) 2104 N. Fulton Ave

Filed 8/7 1908

HARRY O. ANDREWS
PUBLIC CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Aug 6 1908 that I last saw h.. alive on Aug 6 1908, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 13 DAYS

Contributory Asthma

(DURATION) 4 DAYS

(Signed) H. Lamy M. D.

Aug 6 1908 (Address) 933 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug 9 1908

UNDERTAKER: Jos B Cook ADDRESS: 1003 N. Balto

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 20 C14650 Registered No. B C14650

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thornton Robinson

{Residence, if in Baltimore, Give Street and Number.} 912 N. Arlington Ave.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Oct - 8 1837

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Centreville Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo I Robinson

(Address) 912 N Arlington Ave

Filed 8/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to Aug 7 1908 that I last saw him alive on Aug 6 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion due to Mitral Regurgitation & Dilatation of Heart.

7 months. (DURATION) DAYS

Contributory (Primary.) Chronic interstitial nephritis (DURATION) — DAYS

(Signed) Arthur W. Erskine M.D.

Address 710 Eutaw St.

Date August 7 1908

Place of Burial Loudon Park

Date Aug. 10 1908

Undertaker W. J. Gaulthop

Address Beth & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 C14651 Registered No. B C14651

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Levinia Green

{Residence, if in Baltimore, Give Street and Number.} 1138 Stockton St

Duration of Residence in Baltimore. all life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | Jan. 15th 1907 |
| AGE | 1 years, 6 months, 23 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Richard H. Green |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Lula Johnson |
| BIRTHPLACE OF MOTHER (State or country) | Virginia |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Green

(Address) 1138 N. Stockton

Filed 8/7 1908 HARRY S. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 6 1908 that I last saw h-ex alive on Aug 6 1908, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis (DURATION) 2 d 4 hrs DAYS

Contributory (Primary.) Hydrocephalous (DURATION) 18 mos DAYS

(Specific)

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey

Date Aug 7, 1908

Place of Burial Mt Auburn Cem.

Date Aug. 8 1908

Undertaker Samuel W. Chase & Son

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 5 C14652 Registered No. B C14652

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Feeney (Feeney)

{Residence, if in Baltimore, Give Street and Number.} 405 N. Front St.

Duration of Residence in Baltimore. Seventy one

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1872

AGE: 36 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hospital Record

(Address) St. Jos. Hospital

Filed 8/8 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.
L. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to 6 1908

that I last saw h.. alive on Aug 5 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis & Endocarditis

(DURATION) ..... DAYS

Contributory (Primary.) Acute Nephritis, Endocarditis

(DURATION) ..... DAYS

(Signed) William P. Burns M.D.

Address St. Joseph's Hospital

Date August 6th 1908.

Place of Burial Sacred Heart

Date AUG 8- 1908 190 ....

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. O'ULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14653

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C14653

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 140. N. Curley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Bibel Bibel

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 8. 1908 (Month) (Day) (Year)

AGE: — years, 7 months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wenzel Bebel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elanora Bauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wenzel Bibel

(Address) 140. N. Curley St

Filed 8/8" 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 7. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28, 1908 to Augst 7, 1908 that I last saw h sr alive on August 6 1908, and that death occurred, on the date stated above, at 5.30. A.M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 21 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Robert Sachs, M. D.

Augst 7. 1908 (Address) 1918 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | Aug. 10 1908 |
| UNDERTAKER | ADDRESS |
| Kendell Tippet & Son | 330 S. Bond |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 19 — C14654 — Registered No. B C14654

# CERTIFICATE OF DEATH. 61

(Place of Death.) No. 319 E. Eutaw St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Evelin Hurley

{ Residence, if in Baltimore, Give Street and Number. } 319 E. Eutaw St.

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 8" 1908

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John T. Hurley.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Margreth Hendrickson

BIRTHPLACE OF MOTHER (State or country): Balt Co Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Hurley

(Address) 319 E Eutaw St

Filed 8/8" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1. 1908 to Aug 7. 1908 that I last saw h— alive on Aug 6. 1908, and that death occurred, on the date stated above, at 1. a M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis,

(DURATION) 2. DAYS

Contributory (Primary.) Pleurisy,

(DURATION) 14. DAYS

(Signed) ..... M.D.

Address 1936 Eutaw St

Date Aug 7. 1908

Place of Burial St Alphonsus

Date Aug 9" 1908

Undertaker N S Finck

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C14655 — Registered No. B C14655

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Smallwood St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minna Laura Beck

{Residence, if in Baltimore, Give Street and Number.} 25 Smallwood St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 30 1906

AGE: ..... years, 21 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas J. Beck

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Minnie H. Dennis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) N S Fink 2113 Pratt Road

Filed 8/8" 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Aug 7 1908 that I last saw h[illegible] alive on Aug 6 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

7 (DURATION) 7 DAYS

Contributory (Primary.) Heat & Exhaustion

(DURATION) 7 DAYS

(Signed) Wm C. Bosle M.D.

Address 1908 Maryland Ave

Date Aug 7 1908

Place of Burial Laudon Park

Date Aug 8 1908

Undertaker N S Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14656

C14656

Ward 2

Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1902 Aliceanna St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex Slebzak

{ Residence, if in Baltimore, Give Street and Number. } 1902 Aliceanna St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 8 1908

AGE: ..... years, 6 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Anton Slebzak

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Marie Rydzeska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Slebzak

(Address) 1902 Aliceanna

Filed 8/8" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 7 1908

I HEREBY CERTIFY, That I attended deceased from August 1 1908 to August 1 1908 that I last saw him alive on August 1 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 8 DAYS

(Signed) S/- Szmurlo M.D.

Address 1713 Bank St

Date August 7 1908

Place of Burial Holy Rosary

Date Aug 8 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14657

C14657

Ward 7 Registered No. B 66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1607 Jarrings Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Harris

{Residence, if in Baltimore, Give Street and Number.} 1607 Jarrings Court

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1826

AGE: 52 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1607 Jarrings court

Filed 8/8 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6, 1908

I HEREBY CERTIFY, That I attended deceased from July 15, 1908 to Aug 6 1908 that I last saw h.. alive on Aug 4, 1908, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 20 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) P. E Lilly M.D.

Address 207 Cumberland St

Date Aug. 6, 1908

Place of Burial Asbury

Date August 9th 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.** C14658

Ward 5 C14658 *Registered No. B* 27

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* 915 Low *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

*Full Name* Sarah Caughor

*{Residence, if in Baltimore, Give Street and Number.}* 915 Low St.

*Duration of Residence in Baltimore.* Life.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored. |
| DATE OF BIRTH | March 1. 1860 |
| AGE | 48 years, 5 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow. |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | Robert Robinson |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | Jane — |
| BIRTHPLACE OF MOTHER (State or country) | Unknown |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Caughor (daughter)

(Address) 519 Low St

Filed 8/8" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date Aug. 6 1908

Place of Burial Laurel Cem

Date Aug 8 1908

Undertaker W A Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C14659 — Registered No. B C14659 / 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 135 Rogers st in rear St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leann Douglass.

{Residence, if in Baltimore, Give Street and Number.} 135 Rogers st Rear

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 27 1908

AGE: ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Geo Douglass

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lillie Weems

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Weems Douglass

(Address) 135 Rear Rogers av

Filed 8/8" 1908 HARRY C. ANDREW Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 6 1908 that I last saw h alive on Aug 5 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

3 D H (DURATION) ( DAYS

Contributory (Primary.) Bottle fed (DURATION) DAYS

(Signed) J E Strand M.D.

Address 202 Virginia Ave

Date Aug 6 1908

Place of Burial Laurel Cem

Date Aug 8 1908

Undertaker W A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 — C14660 — Registered No. B C14660

# CERTIFICATE OF DEATH.

(Place of Death.) No. 539 W. Hoffman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Harrison Butler

{ Residence, if in Baltimore, Give Street and Number. } 539 W. Hoffman St.

Duration of Residence in Baltimore. 1 hour

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: August 7. 1908

AGE: 1 hour — years, — months, — days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Harrison Butler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Grace Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Wilson

(Address) 539 W Hoffman St

Filed 8/8'' 1908 HARRY C. ANDREWS Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Aug 1908 that I last saw her alive on Aug 7 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth (8 Mo)

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) Arthur W. Erskine, M.D.

Address Md Genl Hosp

Date August 7 1908

Place of Burial Mt Auburn Cem

Date Aug 8th 1908

Undertaker Alex Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C14661

Ward 11th

C14661

Registered No. B 167

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Kreitzer

{ Residence, if in Baltimore, Give Street and Number. } Virginia Ave Kreitzer

Duration of Residence in Baltimore. The Hospital two years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Dec 12 1890

AGE: 18 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Kreitzer

BIRTHPLACE OF FATHER (State or country): Balto. Co., Md

MAIDEN NAME OF MOTHER: Mary E Gill

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Bell Brown

(Address) Garison Balto Co Md

Filed 8/8 11 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Accidental

burns (DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address Two Lafayette ave (County)

Date Aug. 8th 1908 Balto Co. Md

Place of Burial Pleasant Hill Cemetery

Date Aug 9th 1908

Undertaker E. D. Selby & Co

Address Reisterstown Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

C14662

Ward 18 — Registered No. B C14662

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1118 N. Saratoga St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Florence B Mills

{Residence, if in Baltimore, Give Street and Number.} 1118 N Saratoga

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem — COLOR Blk

DATE OF BIRTH Oct. 16 1893

AGE 14 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER J. H. Mills

BIRTHPLACE OF FATHER (State or country) Oxford Md

MAIDEN NAME OF MOTHER Martha Snowden

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Mills

(Address) 1118 N Saratoga

Filed 8/8" 1908 — HARRY C. ANDREWS, Registrar — PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Aug 7 1908

that I last saw h— alive on Aug 6 1908

and that death occurred, on the date stated above, at 12 20 A.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

3 mos (DURATION) DA

Contributory (Primary.) Ascites

1 mo (DURATION) DA

(Signed) T. J. Norwood M.D

Address 739 W Fayette

Date Aug 7 1908

Place of Burial Mt Olivet

Date Aug the 9th 1908

Undertaker C. A. J. Freeland

Address 106 N. Schroeder

WM. J. C. DULANY CO., BALTIMORE.

Ward 15

# HEALTH DEPARTMENT, City of Baltimore.

C14663

C14663

Registered No. B 64

## CERTIFICATE OF DEATH.

(Place of Death.) No. 2344 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Flemming

{Residence, if in Baltimore, Give Street and Number.} 2344 Stockton St.

Duration of Residence in Baltimore. 70 yrs.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht.

DATE OF BIRTH Not known Aug. 8 1

AGE about 78 yrs. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Flemming

(Address) 1631 N Carey st

Filed 8/8 " 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 8 1908

that I last saw h[illegible] alive on Aug. 7 1908,

and that death occurred, on the date stated above, at 3 30 a M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy & Paralysis

with brain pressure

& Heart Weakness

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. A. Smith M.D.

Address 1605 N North Ave.

Date Aug. 8 1908

Place of Burial Western Cemetery

Date Aug 10 1908

Undertaker Josiah Lepper

Address 600 W Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C14664

Ward 9 — Registered No. B C14664

94

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Shuckle Shuckle

{Residence, if in Baltimore, Give Street and Number.} 1723 Regester St.

Duration of Residence in Baltimore. 59 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Phila Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L. Schuckle

(Address) 1814 N. Durham St

Filed 8/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 7 1908

that I last saw h[illegible] alive on Aug 7 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Respiration failure

(DURATION) DAYS

Con'ributory (Primary.) Empyema

(DURATION) DAYS

(Signed) H E Wilkinson M.D.

Address St Joseph's Hospital

Date Aug 7 1908

Place of Burial Loudon Park

Date Aug 10/08 1908

Undertaker Low Cook

Address 502 E. 5th

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14665

Ward 4 C14665 Registered No. B 106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion Brown

{Residence, if in Baltimore, Give Street and Number.} 1212 E Federal

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not Known 1

AGE 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John M Reynolds

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margret Hamilton

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas W Brown

(Address) 1212 E Federal St

Filed 8/8" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1908 to Aug 6, 1908 that I last saw her alive on Aug 6, 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Catarrh

(Diarrhoea)

(as informed me)

(DURATION) 7 DAYS

Contributory (Primary.) The high Temperature the first week (DURATION) ..... DAYS

(Signed) A. R. Colewell M.D.

Address 1241 Harford ave

Date Aug 9 1908

Place of Burial Loudon Park

Date Aug 9 1908

Undertaker Robt J. Hannon

Address 1442 N. Eden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C14666
and
C14667
are
missing

setting forth, as far as the same can be ascertained, the
deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C14668

C14668 Registered No. B

62

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 Gough St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georg Hinkleman

{Residence, if in Baltimore, Give Street and Number.} 1834 Gough St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 1 1852

AGE 57 years, 8 months, 6 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Hinkleman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Boiler maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine E Hinkleman

(Address) 121 S Chester

Filed 8/8" 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from Late June 7 1906 to Aug 6 1908

that I last saw him alive on Aug 6 1908, and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Locomotor Ataxia

about 18 Mo. (DURATION) DAYS

Contributory (Primary.) Cerebral Congestion (DURATION) 3 DAYS

(Signed) Geo Fuller M.D.

Address 1937 Gough St

Date Aug 7 1908

Place of Burial St Vincent

Date Aug 10 1908

Undertaker Robt F Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C14669

Ward 14 C14669 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred B Clatchey

{ Residence, if in Baltimore, Give Street and Number. } 698 German St Hagerstown Md.

Duration of Residence in Baltimore. 5 Days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 17 1856

AGE 51 years, 10 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jas M. Clatchey

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Sarah Ballard

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C Clatchey

(Address) Hagerstown Va

Filed 8/8" 1908 HARRY O'[illegible] Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Aug 8 1908

that I last saw h[illegible] alive on Aug 8 1908 8.30 a.m. and that death occurred, on the date stated above, at 2

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of stomach

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. H. Griffith M.D.

Address Johns Hopkins Hospital

Date Aug 8 1908

Place of Burial Hagerstown Md

Date Aug 9 1908

Undertaker W J Pickenbrows

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 16 (C14670) Registered No. C C14670

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 726 N. Fulton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret Louisa Bartlett

Residence, Give Street and Number, 726 N. Fulton Av

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown

AGE: about 72 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md. (illegible)

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or county): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or county): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Miller

(Address) 726 N Fulton Ave

Filed 8/8" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to Aug 6 1908

that I last saw h.. alive on Aug 6 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary) Chronic Bright's Disease

(DURATION) 477 DAYS

(Signed) Chas. Gelb, M. D.

Address 111 N Lanvale St

Date Aug 9th 1908

Place of Burial London Park

Date Aug 9th 1908

Undertaker G. F. Walker

Address 723 W Lafayette Ave

Remarks

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

PART ENCLOSED BY BLACK LINES. PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF

HEALTH DEPARTMENT, City of Baltimore. C14671

Ward 14 C14671 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carmelita Meehan

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH July 22nd 1908

AGE ..... years, ..... month's, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 6 1908

that I last saw h.. alive on ..... 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Caroline

Date 8/8 1908

Place of Burial Mt. Auburn

Date Aug 8 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C14672

Ward 14 C14672 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elizabeth Underwood

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX F | COLOR W. |
| DATE OF BIRTH 1 | |
| AGE ..... years, 24 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 8/8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 6 1908

that I last saw h.. alive on ..... 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Caroline St

Date 8/7 1908

Place of Burial Mt. Calvary

Date Aug 8 1908

Undertaker Martin Fahey & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 14 — C14673 — Registered No. B C14673

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Lacey

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 6 1908 that I last saw h.. alive on ..... 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E. St. Haywood M.D.

Address 1130 N Carlton St

Date Aug 8 1908

Place of Burial Balt Cathedral

Date Aug 8 1908

Undertaker Martin Kehoe Klaus

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

C14674

Ward ..... Registered No. B ..... 69

# CERTIFICATE OF DEATH.

(Place of Death.) No. Insane Department B 2a Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry C. Pearce

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Supt.

(Address) BAY VIEW ASYLUM.

Filed Aug 8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to Aug 7 1908 that I last saw him alive on Aug 6 1908, and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Status Epilepticus (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date August 7 1908.

Place of Burial Philadelphia Pa.

Date Aug. 8 1908

Undertaker E Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 14675

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 Ludlow St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J. Deegan

Residence, Give Street and Number, 1527 Ludlow

Duration of Residence in Baltimore, Life

C14675

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Don't know

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Jodie Deegan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Margaret —

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Hymann daughter

(Address) 152 Ludlow St

Filed Aug 8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.15 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. H. Reinhardt M. D.

Address Coroner

Date Aug 8 1908

Place of Burial Cedar Hill

Date Aug 9 1908

Undertaker Jos. Stanton & Son

Address 1318 Light St

Remarks

THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. B C14676

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1613 Normandy St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Maria E. Riggin

{Residence, if in Baltimore, Give Street and Number.} 1613 Normandy

Duration of Residence in Baltimore. Lifetime C14676

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 13th 1826

AGE: ..... years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. A. Riggin

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Stella C. Walter

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella C. M. Riggin

(Address) 1613 Hermon Alley

Filed Aug 8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7— 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 7— 1908 that I last saw h[illegible] alive on Aug 6— 1908, and that death occurred, on the date stated above, at 3.45 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cystro Calculus

(DURATION) DAYS

Contributory (Primary) Med-Jurist

~~and Regular~~ (DURATION) 10 DAYS

(Signed) N. Lee Dandridge M.D.

Address 1228 E. Chase

Date Aug 7— 1908

Place of Burial Loder Hill

Date Aug 8 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Ward 1st C14677 Registered No. B C14677

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 2226 Essex Alt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie C. Herniman

{Residence, if in Baltimore, Give Street and Number.} 2226 Essex Alt

Duration of Residence in Baltimore. Life Herniman

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 4th 1907

AGE: ..... years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. A. Herniman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosie Fries

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Herniman

(Address) 2226 Essex St.

Filed 8/8 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Aug 7 1908 that I last saw her alive on Aug 7 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Gastero Enteritis

about 1 Week (DURATION) DAYS

Contributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Aug 7 1908

Place of Burial Oak Lawn Cem

Date Aug 8th 1908

Undertaker G. Saunderodors

Address 1710 Carlton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C14678 Registered No. B C14678

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1926 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John M. Dienstbier

{Residence, if in Baltimore, Give Street and Number.} 1926 Canton Ave.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | April 19th 1875 |
| AGE | 33 years, 3 mont's, 17 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Conrad Dienstbier |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Mary Boos |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Dienstbier

(Address) 1926 Canton Ave.

Filed 8/8 11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6/ 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to Aug 6 1908

that I last saw him alive on Aug 6/ 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

4 mo (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) G. C. Thiem M.D.

Address 3038 E. Balto St.

Date Aug. 7/ 1908

Place of Burial 1st Evangelical Cems

Date Aug 9th 1908

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14679

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1259 Hilliam St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward G. Gotthardt

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. 20 (Month) (Day) 1860 (Year)

AGE: 47 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August Gotthardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanett Friese

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shipping Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Gotthardt

(Address) 1259 Hilliam St.

Filed 8/8 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10th 1908 to August 6th 1908 that I last saw him alive on August 6th 1908, and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Phthisis

8 Months (DURATION) DAYS

Contributory Pothemia

(DURATION) 21 DAYS

(Signed) H. J. Carrick, M. D.

Aug 7th 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Aug. 9 1908

UNDERTAKER: John J. Fahey & Son ADDRESS: 1232-36 William

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14680

Ward 22

C14680 Registered No. B

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 125 Welleme ally St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Tenly (Stanley)

{Residence, if in Baltimore, Give Street and Number.} 125 Welleme ally

Duration of Residence in Baltimore. 25

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | COLOR |
| Male | Col |
| DATE OF BIRTH | 1847 |
| AGE | 61 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Don't Know |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Brodella

(Address) 140 N. Hill St

Filed 8/8" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 7 1908 that I last saw h[illegible] alive on Aug 6 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 7 DAYS

Con'tributory (Primary) Heart Failure

(DURATION) 7 DAYS

(Signed) D. A. Friman M.D.

Address 712 S. Bond St

Date Aug 8th 1908

Place of Burial Mt. Auburn Cem

Date Aug 9th 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C14681

C14681

Ward 7 Registered No. B

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1624 Lancaster St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bertha Grabowski

{Residence, if in Baltimore, Give Street and Number.} 1624 Lancaster St

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|---|
| SEX | male | DATE OF DEATH | August 7 1908 |
| COLOR | W Lite | | |
| DATE OF BIRTH | August 7 1908 | I HEREBY CERTIFY, That I attended deceased from | August 7 1908 to August 7 1908 |
| AGE | 1/2 h | that I last saw h[illegible] on | August 7 1908, |
| | years, months, days | and that death occurred, on the date stated above, at | 7 P.M. |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Infant | CAUSE OF DEATH (Secondary or Immediate) | Inanition |
| BIRTHPLACE (State or country) | Baltimore | | 1/2 h Child was about 27 weeks advanced in embryo and delivered by a midwife. I was called immediately but child was dead on arrival (DURATION) 1/2 h |
| FULL NAME OF FATHER | Steven Grabowski | Contributory (Primary.) | Prematurity |
| BIRTHPLACE OF FATHER (State or country) | Baltimore | | (DURATION) DAYS |
| MAIDEN NAME OF MOTHER | Bertha Szymanski | (Signed) | Joseph L. Valentine M.D. |
| BIRTHPLACE OF MOTHER (State or country) | Buffalo N. Y. | Address | 168 Broadway |
| OCCUPATION OF DECEASED | Infant | Date | August 8 1908 |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Place of Burial | Holy Rosary |
| (Informant) | Stefen Grabowski | Date | Aug 8 1908 |
| (Address) | 1624 Lancaster ave | Undertaker | Joseph Zborowski |
| Filed | 8/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar | Address | 1703 Aliceanna St |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14682

C14682

Ward 11 Registered No. B

# CERTIFICATE OF DEATH.

150 E

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of
Full Name Mary Glover.

{ Residence, if in Baltimore, Give Street and Number. } ~~Granite 144~~

Duration of Residence in Baltimore. 10 hours

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | 10 A.M. Aug 7 1908 |
| AGE | 10 hours. years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | " |
| MAIDEN NAME OF MOTHER | Mary Glover |
| BIRTHPLACE OF MOTHER (State or country) | Unknown |
| OCCUPATION OF DECEASED | None. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur W. Erskine

(Address) Md. General Hospital

Filed 8/8 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 P.M. Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from 10 A.M. 8/7 1908 to 8 P.M. 8/7 1908 that I last saw her alive on Aug 7 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Morbus Caeruleus

(DURATION) 10 hrs

Contributory (Primary.) Premature birth (DURATION) —— DAYS

(Signed) Arthur W. Erskine M.D.

Address Md General Hosp.

Date Aug 7 1908

Place of Burial St. Peters

Date Aug 8 1908

Undertaker Wm M Gaunthrop

Address Watts & Linden Inc

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17th 83

Registered No. B C14689

176

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 W. Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward R. Harbaugh

{Residence, if in Baltimore, Give Street and Number.} 1629 W. Fayette

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 8 1908

AGE ..... years, ..... months, 2 Minutes days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward R. Harbaugh

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Kram

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. R. Harbaugh

(Address) 1629 W. Fayette

Filed 8/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Suffocation & Insanity during delivery.

(DURATION) ..... DAYS

Contributory (Primary) Head to Labor to deliver

(DURATION) ..... DAYS

(Signed) C. T. Snowden M.D.

Address 2 S. Patterson Pk Ave

Date Aug 8th 1908

Place of Burial Holy Redeemer

Date Aug 8 1908

Undertaker J. C. Ahern

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C14683 4 Registered No. B C14684

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 501 Walnut-al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Joseph Bishop

{Residence, if in Baltimore, Give Street and Number.} 501 Walnut-al.

Duration of Residence in Baltimore. 10 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Mulatto ~~Black~~

DATE OF BIRTH Oct-12 1907

AGE ..... years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER George Z. Bishop

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Miriam G. Jones

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jones (Grandmother)

(Address) 501 Walnut-al

Filed 8/8 1908

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., Baltimore.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7 1908

I HEREBY CERTIFY, That I attended deceased from in July & August 1908 to 1908

that I last saw h— alive on July 31 1908,

and that death occurred the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis & Teething

(DURATION) 4 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Walker M.D.

Address 1711 Madison ave,

Date Aug. 8 1908

Place of Burial Cathedral Gen

Date Aug 10 1908

Undertaker R A Elliott

Address 506 Roper Ave

The mother has had this child under treatment in July & August for Enteritis

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C14685 Registered No. B C14685

# CERTIFICATE OF DEATH. 104

(Place of Death.) No. 110 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymer Leadman

{ Residence, if in Baltimore, Give Street and Number. } 110 Stockton

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

1

AGE ..... years, 6 months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balt-

FULL NAME OF FATHER William Leadman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizia Ellens

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leadman

(Address) 1105 stockton st-

Filed 8/8 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on .....1908.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis-

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Herbert C Blake M.D.

Address Aug. J. Coroner 1014 W. La Fayette

Date .....1908

Place of Burial Mt Auburn

Date Aug 8 1908

Undertaker F A Elliott

Address 508 E Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. C 14686

# CERTIFICATE OF DEATH.

177

(Place of Death.) No. Foot of York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E. Harris

Residence, Give Street and Number, 1009 Peach al

Duration of Residence in Baltimore, 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Colored.

DATE OF BIRTH July 27 1896.

AGE 12 years, — months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Annapolis Md

FULL NAME OF FATHER Thomas Harris c

BIRTHPLACE OF FATHER (State or county) Annapolis Md

MAIDEN NAME OF MOTHER Jane Richardson c

BIRTHPLACE OF MOTHER (State or county) Annapolis Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Richardson Mother

(Address) 1009 Peach al

Filed 8/8 1908 Registrar.

MARY J. ANDREWS PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate,)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto Reinhardt M. D.

Address Coroner

Date Aug 8 1908

Place of Burial Mt. Auburn Cemetery

Date August 8 1908

Undertaker John H. Toadvine

Address 142 W. Hall St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward C14687 Registered No. B C14687

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Insane Department B. V. A Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Shorter

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/8 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 6 1908 that I last saw him alive on Aug 6 1908, and that death occurred, on the date stated above, at 7 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Tuberculosis

Broncho Pneumonia (DURATION) unknown DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum

Date August 6 1908

Place of Burial Laurel Cemetery

Date August 9th 1908

Undertaker Lehis V. Pope

Address 1026 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C14688 Registered No. B C14688

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Dudley

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed

190 OF ANDREW [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 8 1908

that I last saw h im alive on Aug 8 1908,

and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage Esophagus

(DURATION) DAYS

Contributory (Primary) Pulmonary

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asy

Date Aug 8 1908

Place of Burial Oak Lawn

Date Aug 10 th 1908

Undertaker St Nicolays & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C14689 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 522 S Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margret Mack

{Residence, if in Baltimore, Give Street and Number.} 522 S Durham

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1st 1908

AGE ..... years, ..... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Fred Mack

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr Fred Mack

(Address) 522 S Durham St

Filed 8/8 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Mal Nutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Scullin Comm M.D.

Address 320 ½ Greene St

Date 190

Place of Burial 1st German

Date Aug 8 to 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

ST ANDREWS, ... CITY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C14690 Registered No. C C14690

# CERTIFICATE OF DEATH.

54

(Place of Death.) No. 817 Park ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Reilly

Residence, Give Street and Number, 817 Park ave

Duration of Residence in Baltimore, 60 years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1830 ? 1

AGE: 78 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ ~~OR DIVORCED~~. Single

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Patrick Reilly

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Catherine Reilly

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Morris Tyson

(Address) 817 Park Ave.

Filed 8/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

H. H.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 7th 1908

that I last saw her alive on Aug 7th 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,) The prostration or Debility from heat of Summer. There was no evident disease; only weakness, anorexia, and failure by heart first. (DURATION) 3 DAYS

Contributory (Primary) Old age (DURATION) DAYS

(Signed) A K Bond M. D.

Address 849 Park ave

Date August 8th 1908

Place of Burial New Cathedral Cem

Date Aug. 10th 1908

Undertaker H. W. Jenkins & Sons Co

Address 300 N. Madison St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C14691 Registered No. B C14691

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 111-115 Aisquith St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Levy

{ Residence, if in Baltimore, Give Street and Number. } 111-115 Aisquith St.

Duration of Residence in Baltimore. 10 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Morin Levy

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Levy

(Address) 115 Aisquith St

Filed 8/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-7-1908

I HEREBY CERTIFY, That I attended deceased from 8-7-1908 to 8-7-1908

that I last saw h alive on 8-7 1908,

and that death occurred, on the date stated above, at 7

H. M. CAUSE OF DEATH (Secondary or Immediate)

Haemoplegia

2nd Stroke.

(DURATION) DAYS

Contributory (Primary) Cardiac Asthenia

(DURATION) DAYS

(Signed) S. C. Kaplan M.D.

Address 116 Aisquith St

Date 8-8 1908

Place of Burial Hebrew Rondale

Date Aug. 9 1908

Undertaker Max Levinson

Address 1621 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C14692

C14692

Ward 7 Registered No. B

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 823 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Savoy Savoy

{Residence, if in Baltimore, Give Street and Number.} 823 Stockholm

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles togle

(Address) 823 Stockholm

Filed 8/9" 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7. 1908

I HEREBY CERTIFY, That I attended deceased from

19o to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 10 W. N. LaFayette Ave

Date Aug 7. Coroner 1908

Place of Burial Mt Auburn cemetery

Date August 9 1908

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C14693 C14693

Ward 11 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 431 Little Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude Groton.

{ Residence, if in Baltimore, Give Street and Number. } 431 Little Monument

Duration of Residence in Baltimore. 4 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Hopkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Smith

(Address) 1118 Shields alley

Filed 8/9 1908 SAINT C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 7th 1908 that I last saw h m alive on Aug 1st 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 365 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Aug 8th 1908

Place of Burial Int Auburn Cemetery

Date August 9 1908

Undertaker Geo H Cooper

Address 609 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C14694 — Registered No. C 14694

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Home Welfare Sanitarium, Mt. Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Conway

Residence, Give Street and Number, 1600 Barrough St.

Duration of Residence in Baltimore, 4 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Feb 6th 1908

AGE: ..... years, 5 months, ..... days

SINGLE, ~~MARRIED,~~ WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Eugene Conway

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Murphy

BIRTHPLACE OF MOTHER (State or county): Washington

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Conway

(Address) 523 E Clement St.

Filed 8/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Aug 7 1908

that I last saw h e alive on Aug 7 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) 3 mos. DAYS

Contributory (Primary) .....

of (DURATION) ..... DAYS

(Signed) J. H. McKenrick M. D.

Address 804 Cathedral St.

Date Aug 8th 1908

Place of Burial St. Peters

Date Aug 10th 1908

Undertaker Jos. Stonebraker

Address 1318 Light St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14695

Ward 7th

C14695 Registered No. B

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 118 York St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles Conoway

{ Residence, if in Baltimore, Give Street and Number. } 118 York St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | Colored. |
| DATE OF BIRTH | April 1 1907 |
| AGE | 1 years, 4 months, 6 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Charles Conway |
| BIRTHPLACE OF FATHER (State or country) | Va. |
| MAIDEN NAME OF MOTHER | Emma Butlers |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Conway

(Address) 118 W. York St.

Filed 8/9" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 7 1908

that I last saw him alive on Aug 6 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.) Indigestion

(DURATION) DAYS

(Signed) H. L. McLeod M.D.

Address 136 W Hill

Date Aug 7/08 1908

Place of Burial Mt. Auburn Cem

Date August 9 1908

Undertaker John H. Hadrin

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14696

# CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 924 S. Broadway St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elvis R. Shane

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Aug 27 (Month) 27 (Day) 1884 (Year)

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John H. R. Shane.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Alice P. Strand

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. R. Shane

(Address) 724 S. Broadway

Filed 8/9" 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20th 1908 to Aug 8 1908

that I last saw h~~im~~ alive on Aug 8 1908,

and that death occurred, on the date stated above, at 12.35 A.M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 18 DAYS

Contributory Hemorrhage

2 hours (DURATION) ..... DAYS

(Signed) H. S. Gorsuch M.D.

8/5/ 1908 (Address) 501-E-22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug 10 1908 |
| UNDERTAKER | ADDRESS |
| Wm Cook | 502 E. North Ave |

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C14697 Registered No. B C14697

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2608 Bernard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thelma F. Hanford

{Residence, if in Baltimore, Give Street and Number.} 2608 Bernard St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 14 1908

AGE: 0 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas K Hanford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence A Norris

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C K. Hanford

(Address) 2608 Bernard st

Filed 8/9 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 8 d. 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 8 1908 that I last saw h-er alive on Aug 7 1908, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis

(DURATION) 21 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 42 DAYS

(Signed) R B Warnick M.D.

Address 3547 Chestnut Ave

Date Aug 8 1908

Place of Burial Balto Cemetery

Date Aug. 9. 1908

Undertaker Wm Cooke

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C14698 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin Murphy

{Residence, if in Baltimore, Give Street and Number.} 1734 Aisquith Place.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR B.

DATE OF BIRTH —— 1

AGE 43 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) N. Carolina

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Supt. BAY VIEW ASYLUM

(Address)

Filed 8/9 1908 HARRY C. ANDR[illegible], PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Aug 7 1908 that I last saw h[illegible] alive on Aug 7 1908 and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 0 DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date Aug 7 1908

Place of Burial Mt Lebanon Cemetery

Date Aug 9 1908

Undertaker R. Schellentrop

Address 506 Rogers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14699

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 832, St Peter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella T. Mack

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 1 (Month) (Day) (Year)

AGE: 36 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Bernard Kroeger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Theresa Luttman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Mack

(Address) 832 St Peters St

Filed 8/9" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 26 1907 to Aug 7 1908 that I last saw her alive on Aug 6 1908, and that death occurred, on the date stated above, at 8.05 a.m. The CAUSE OF DEATH was as follows:

Cirrhosis of liver

1½ yrs (DURATION) ..... DAYS

Contributory diarrhoea

21 (DURATION) ..... DAYS

(Signed) H. E. Krumbhaar M. D.

Aug 7 1908 (Address) 1002 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: 8/10 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 9 S. Poppleton

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C14700 Registered No. B

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1533 Jofepa Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Johnson

{Residence, if in Baltimore, Give Street and Number.} 1533 Jofepa Court

Duration of Residence in Baltimore. 40 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colord

DATE OF BIRTH: —— 1

AGE: 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Charlotta Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Lou Hillian & Jones

(Address) 1533 Jofpa Court

Filed 8/9 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 — 1908

I HEREBY CERTIFY, That I attended deceased from May 4 — 1908 to Aug 6 — 1908

that I last saw him alive on Aug 6 — 1908,

and that death occurred, on the date stated above, at 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

3 mos — DAYS (DURATION)

Contributory (Primary.) Heart disease (mitral) about 2 yrs (DURATION) — DAYS

(Signed) W F Jones M.D.

Address 1344 Druid Hill Ave

Date Aug 9 — 1908

Place of Burial Alsons ✓

Date Aug 9 1908

Undertaker R A Elliott

Address 506 Preston

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

**SECTION 2.** *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ...] giv...

SEX

DATE

AGE

SINGL WIDO

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Filed 8/9

Ward 10 C14701 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1408 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Salvatore Valenzia

{Residence, if in Baltimore, Give Street and Number.} 1408 W Baltimore St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 7 - 15 - 1908

AGE — years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Andrea Valenzia

BIRTHPLACE OF FATHER (State or country) Ital.

MAIDEN NAME OF MOTHER Teresa Battaglia

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. D'Amaro

(Address) 1607 Linden Ave

Filed 8/9" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 - 8 - 1908

I HEREBY CERTIFY, That I attended deceased from 8 - 4 1908 to 8 - 8 - 1908 that I last saw h.. alive on 8 - 8 - 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) 2 DAYS

Con'tributory (Primary.) milk infection

(DURATION) ? DAYS

(Signed) L. D'Amaro M.D.

Address 1607 Linden Ave

Date 8 - 9 - 08 1908

Place of Burial Mt Olivet

Date AUG 9 - 1908 1908

Undertaker J. Shreve & Co

Address 1687 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C14702 Registered No. B C14702

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2211 Hunters alley St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Wm G Burden

{ Residence, if in Baltimore, Give Street and Number. } 2211 Hunters Alley

Duration of Residence in Baltimore. Life 3 yrs 6 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Jan 29th 1905

AGE 3 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Geo Burden

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Clara Turner

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Burdan

(Address) 2211 Hunters

Filed 8/9 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 7 1908

that I last saw h[illegible] alive on Aug 5 1908

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 21 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Reginald J. Lowry M.D.

Address 2206 York Road

Date Aug 7 1908

Place of Burial Mt. Olivet Cem.

Date Aug 9 1908

Undertaker John H. Doyle

Address 1352 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14703 C14703

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 312 S. Patterson Park St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Berkmeyer

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 28 (Month) (Day) 1908 (Year)

AGE: 18 years, 6 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas. Berkmeyer

BIRTHPLACE OF FATHER (State or country): Washington DC.

MAIDEN NAME OF MOTHER: Hannah Harding

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Berkmeyer

(Address) 312 S. Patterson Park

Filed 8/9 1908 Registrar

HARRY D. ANDREWS, PERMIT CLERK

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to Aug. 7 1908

that I last saw him alive on Aug. 6 1908

and that death occurred, on the date stated above, at 7.10 A. M. The CAUSE OF DEATH was as follows:

Ascending Uremia from Injury to Occipital Nerve & Typhoid Malaria Fever Complicating same July 14 1908 (DURATION) 4 Months DAYS

Contributory Shot Gun Wound accid'l by a few hours (DURATION) DAYS

Angina Pectoris

(Signed) Frank A. Morgan M. D.

Aug 9th 1908 (Address) 150 Eutaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Carmel | Aug. 10 1908 |
| UNDERTAKER | ADDRESS |
| Wm. Cook | 502 E. Northern |

WM. J. C. DULANY CO., BALTIMORE

Ward C 4704 Registered No. B C14704

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 116 Albemarle ST 2nd name St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Giorgilli Michelleni 1st name

{Residence, if in Baltimore, Give Street and Number.} 116 Albemarle ST

Duration of Residence in Baltimore. 8 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Nov. 9 - 1907

AGE 0 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~—~~

BIRTHPLACE (State or country) U. S.

FULL NAME OF FATHER Benedetti Giorgilli

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Anna Batta

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 116 Albemarle

Filed 8/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. K.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 9 1908 that I last saw h er alive on Aug 8 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Starvation

(DURATION) 10 DAYS

Con'tributory (Primary.) Mirasmus

(DURATION) 60 DAYS

(Signed) M. Kinnstler M.D.

Address 846 E. Pratt ST

Date Aug 9 1908

Place of Burial St Vincent ✓

Date August 10 1908

Undertaker Wendell Oppel & Son

Address 39 S Monroe

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 14705

C 14705

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Collington Ave St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Wilhelmina F. Leonhardt

Residence, Give Street and Number, 719 N. Collington Ave

Duration of Residence in Baltimore, 57 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: June 29 1824

AGE: 84 years, — months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Fred Wm Haas

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar F. Leonhardt (son)

(Address) 719 N. Collington ave

Filed 8/9 1908 BARRY O'ANDREWS, PERMIT CLERK. Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 9 1908

that I last saw her alive on Aug 8 1908

and that death occurred, on the date stated above, at 12 01 M.

CAUSE OF DEATH (Secondary or Immediate,) Organic disease of the Heart & Kidneys.

(DURATION) DAYS

Contributory (Primary) General Debility

(DURATION) DAYS

(Signed) Otto M. Leonhardt M. D.

Address 1017 N. Charles St

Date August 9 1908

Place of Burial St Pauls Cem

Date Aug 11 1908

Undertaker Kendall Dippel & Co

Address 330 S. Bond

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C14706 Registered No. B C14706

116

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Warner

{ Residence, if in Baltimore, Give Street and Number. } 2402 Foster Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH April 22 1893

AGE 16 years, months, days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John F. Warner

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Caroline Sunderland

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Preserver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Warner

(Address) 2402 Foster ave

Filed 8/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 8 1908

that I last saw h alive on Aug 8 1908

and that death occurred, on the date stated above, at 5 A.M.

CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) DAYS

Contributory (Primary.) Could not be ascertained (DURATION) DAYS

(Signed) F. McGriffith M.D.

Address John Hopkins Hospital

Date Aug 8 1908

Place of Burial Bt Mathews

Date Aug 10 1908

Undertaker Kendall Dyer & Son

Address 378 Dulaney

WM. J. C. DULANY CO., B...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11th

C14707

Registered No. B C14707

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Jennie Garrish

{Residence, if in Baltimore, Give Street and Number.} Pikesville Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. County

FULL NAME OF FATHER: Chas. Parish

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Do Not Know

BIRTHPLACE OF MOTHER (State or country): Do Not Know

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Garrish

(Address) Pikesville Md

Filed 8/9 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 9 1908 that I last saw her alive on Aug 9 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Surgical shock

(DURATION) one DAY

Contributory (Primary.) Strangulated Hernia (DURATION) ——— DAYS

(Signed) S. H. Strutt M.D.

Address Md Genl Hosp.

Date Aug. 9 1908

Place of Burial Stone Chapel Pikesville

Date Aug 11 1908

Undertaker C. D. Hewett

Address Pikesville

Undertaker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C14708 Registered No. B C14708

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 816 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine Queen

{ Residence, if in Baltimore, Give Street and Number. } 816 S Eutaw St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 6, 1887

AGE 21 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Columbus A. Gordon

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary A. Upshur

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Columbus A. Gordon

(Address) 816 S. Eutaw St.

Filed 8/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Aug 8 1908

that I last saw h[er] alive on Aug 7 1908,

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 7 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) " DAYS

(Signed) H S McCard M.D.

Address 2005 Druid Hill Ave

Date Aug 10 1908

Place of Burial Int. Auburn Cem.

Date Aug 10 1908

Undertaker John H. Gaidner

Address 1426 Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 8 — C14709 — Registered No. B C14709

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. 1517 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosanna Mott (Scott)

{Residence, if in Baltimore, Give Street and Number.} 1517 E. Hoffman

Duration of Residence in Baltimore. 65 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | W |
| DATE OF BIRTH | 1 |
| AGE | 73 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Arthur Mullen |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Anna Mullen |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F. Scott

(Address) 1512 E. Hoffman

Filed 8/10 1908 HARRY C. J. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 9th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1908 to Aug 9th 1908

that I last saw h[illegible] alive on Aug 9th 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. O. Stone M.D.

Address 1501 E. Eager St.

Date Aug 9th 1908

Place of Burial Mt. Olivet

Date Aug. 11. 1908

Undertaker Wm. Cook.

Address 502 E. Baltimore ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 014710 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 627 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Schultz

{ Residence, if in Baltimore, Give Street and Number. } 627 N. Mount

Duration of Residence in Baltimore. Balto Md

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Peter B. Schultz

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lena Gunter

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie L. Schultz

(Address) 627 N. Mount St

Filed 8/10 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 15th 1908 to Aug 8th 1908 that I last saw h[illegible] alive on Aug 8th 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever with perforation

About (DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gilman F. Evans M.D.

Address 833 N Fulton Ave.

Date Aug 8th 1908

Place of Burial Greenmount Cemetery Lyons Lot Sec. 4

Date Aug. 10 1908

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C14711 Registered No. B C14711

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2308 Chelsea Terrace St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert Mott

{ Residence, if in Baltimore, Give Street and Number. } 2308 Chelsea Terrace

Duration of Residence in Baltimore. About 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 14th 1844

AGE: 64 years, 2 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Saratoga Co New York

FULL NAME OF FATHER: John Mott

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: Chief Clerk U.S. Engineers office

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara V Mott

(Address) 2308 Chelsea Terrace

Filed 8/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 8, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 5 P.M. 1908 to Aug. 8, 11.20 A.M. 1908, that I last saw h[illegible] alive on Aug 8, 1908, and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia at first
Gradually becoming
Complete Paralysis.

(DURATION) 7 hours ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Hardesty M.D.

Address 816 E. Balto Md.

Date Aug 9 1908

Place of Burial London Park Cemetery

Date August 10th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C14712

Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Engr Capt B. Landon

{Residence, if in Baltimore, Give Street and Number.} 132 S. Broadway

Duration of Residence in Baltimore 20 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Apr. 26 1846

AGE 62 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER George Henry Landon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sophia A Reaves

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Insurance business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Virginia Landon

(Address) 1926 E. Baltimore St

Filed 8/10 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from August 6 1908 to August 7 1908

that I last saw h[illegible] alive on August 7 1908

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate).

Gangrenous appendix - chronic endocarditis - acute dilatation of heart - chronic Nephritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) William L. Burns M.D.

Address St Joseph's German Hospital

Date August 7th 1908.

Place of Burial Loudon Park Cem

Date Aug 10th 1908

Undertaker Scott M. Spary

Address 123 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14713 C14713

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 129 S. Bond St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacham Jacobson

### PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... (Month) ..... (Day) 1838 (Year)

AGE 75 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacab Jacobson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Clothes presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Liberman

(Address) 108 S Bond St

Filed 8/10 1908 [illegible] PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 9 1908 that I last saw him alive on Aug 8 1908, and that death occurred, on the date stated above, at 9.15 P. M. The CAUSE OF DEATH was as follows:

Arterio sclerosis

(DURATION) DAYS

Contributory Heart failure

(DURATION) DAYS

(Signed) J. Corett M. D.

Aug 9 1908 (Address) 1502 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mikro Kodish Cem | Aug 1908 |
| UNDERTAKER | ADDRESS |
| McGinnis & Carroll | 1227 Mulberry |

Mikro Kodish Synagogue Shiloh Road

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C14714 Registered No. B C14714

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1703 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Ross

{ Residence, if in Baltimore, Give Street and Number. } 1703 Pierce St

Duration of Residence in Baltimore. 26 yrs

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | Bl. |
| DATE OF BIRTH | Not known |
| AGE | 54 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Dorchester Co, Md. |
| FULL NAME OF FATHER | John Ross |
| BIRTHPLACE OF FATHER (State or country) | Dorchester Co, Md. |
| MAIDEN NAME OF MOTHER | Annie Hart |
| BIRTHPLACE OF MOTHER (State or country) | Dorchester Co, Md. |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ross

(Address) 1703 Pierce St.

Filed 8/10 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to August 8 1908 that I last saw h.im alive on August 7 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Brain tumor

(DURATION) 2 yrs DAYS

(Signed) Ralph Duppy M.D.

Address Fountain Sq. Hyatts.

Date August 8 1908

Place of Burial U.S. National Cemetery

Date August 10th 1908

Undertaker Felix D Fise

Address 1826 E. Monument at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14715 Registered No. B .....

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 S. Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Hap

{Residence, if in Baltimore, Give Street and Number.} 1000 S Chesapeake

Duration of Residence in Baltimore. 1 mos.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M. |
| COLOR | W. |
| DATE OF BIRTH | May 14 1908 |
| AGE | 2 months, 21 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | U.S. |
| FULL NAME OF FATHER | Abraham Hap. |
| BIRTHPLACE OF FATHER (State or country) | Russia |
| MAIDEN NAME OF MOTHER | Rebecca Hap. |
| BIRTHPLACE OF MOTHER (State or country) | England |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Hap

(Address) 1000 Chesapeake St

Filed 8/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Aug 9 1908 that I last saw him alive on Aug 9 1908, and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Gastro enteritis. (DURATION) 30 DAYS

(Signed) Leo Karlinsky M.D.

Address 1114 S. Chesapeake St

Date Aug. 10 1908

Place of Burial Hebrew Herring Run

Date Aug. 10 1908

Undertaker Mary Lennon

Address 1622 Dk & Eldersgate

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14716

Ward 14 C14716 Registered No. B

# CERTIFICATE OF DEATH.

27

Place of Death.) No. 237 N. Eilmor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret W. Wigham

{ Residence, if in Baltimore; Give Street and Number. } 237 N. Eilmor St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Nov 28 1891

AGE 17 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Robt W Wigham

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary McCauliffe

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant Mrs Annie Fry

(Address) 237 N. Eilmor St

Filed 8/10 1908

BARRY O'F ANDREWS Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Aug. 8 1908

that I last saw h ev alive on Aug 8 1908,

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or immediate)

Pathisis Pulmonalis

unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Aug 10 Hayward 1908

Place of Burial Funds Cemetery

Date Aug 10 1908

Undertaker W. F. Tinkum & Son

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

014717

Ward 7

Registered No. B 014717

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1003 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minna Brandt

{Residence, if in Baltimore, Give Street and Number.} 1003 S. Paca St

Duration of Residence in Baltimore. 40 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 3 1837

AGE: 70 years, 10 months, 5 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Fred. Ernst

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothea Zeck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Houre Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Brandt

(Address) 1003 S. Paca st.

Filed 8/10 190

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3d 1908 to Aug 8th 1908

that I last saw h~~er~~ alive on Aug 8th 1908

and that death occurred, on the date stated above, at 4½

I. CAUSE OF DEATH (Secondary or Immediate.)

Gath depression of Heart

(DURATION) 6 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H. Hammerschlag M.D.

Address 835 Light St

Date Aug 9th 1908

Place of Burial 1st. German Evang. Cem.

Date August 10 1908

Undertaker P. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C14718 — Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil F. Reschke

{Residence, if in Baltimore, Give Street and Number.} 839 Columbia ave

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Jan: 4th 1888 |
| AGE | 20 years, 7 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Max Reschke |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Augusta Lohrberg |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Baker |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Reschke

(Address) 839 Columbia ave:

Filed 8/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1908 to Aug. 9 1908 that I last saw h[im] alive on Aug. 9 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 8 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date Aug. 9 1908

Place of Burial London Park Cem.

Date August 11 1908

Undertaker Ph. J. Dilg & Son

Address 746 Columbia ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 14719

# CERTIFICATE OF DEATH.

(Place of Death.) No. Jackson Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Bussmer

{Residence, if in Baltimore, Give Street and Number.} 813 S Broadway

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Lander & Sons

(Address) 1710 Canton Ave

Filed 8/10 1908

HARRY C. ANDERSON PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date Aug 10 1908

Place of Burial Not buried

Date Aug 10th 1908

Undertaker H. Lander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14720 Registered No. B C14720

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 Fairmount Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Nathalie L. Stromer

{Residence, if in Baltimore, Give Street and Number.} 2212 Fairmount Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 30 1907

AGE: — years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas Stromer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth Hasse

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Stromer

(Address) 2212 Fairmount Ave

Filed 8/10 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to Aug 9 1908 that I last saw her alive on Aug 9 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Enteritis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Strickland M.D.

Address 1 & N Patterson Pk Ave

Date Aug 10 1908

Place of Burial Holy Redeemer

Date Aug 11 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14721 C14721

Ward 10 Registered No. B

# CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1306 Mc Henry, St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Katherine Batyaguil

{ Residence, if in Baltimore, Give Street and Number. } 1306 Mc Henry. St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ..... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Luke Batyaguil

BIRTHPLACE OF FATHER (State or country) Hungaria

MAIDEN NAME OF MOTHER Katherine Batyaguil

BIRTHPLACE OF MOTHER (State or country) Hungaria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Fields

(Address) 1200 N. Lombard

Filed 8/10 1908

HARRY C. ANDERSON
PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1908 to Aug. 9, 1908 that I last saw h er alive on Aug. 9, 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Intestinal Indigestion

(DURATION) 1 DAY

Contributory (Primary.) Unknown

(DURATION) DAYS

(Signed) Albert D. Chambers, M.D.

Address 614 D. Pacas St.

Date August 10, 1908

Place of Burial London Park

Date Aug. 10th 1908

Undertaker John B. Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C14722

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Harris

{ Residence, if in Baltimore, Give Street and Number. } ~

Duration of Residence in Baltimore. ~

C14722

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX F | COLOR C. |
| DATE OF BIRTH ..... 1 ..... | |
| AGE 24 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S |
| BIRTHPLACE (State or country) | Ind. |
| FULL NAME OF FATHER | ~ |
| BIRTHPLACE OF FATHER (State or country) | ~ |
| MAIDEN NAME OF MOTHER | ~ |
| BIRTHPLACE OF MOTHER (State or country) | ~ |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Holyday, Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 8/10 190 8 Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH ..... Aug. 6 ..... 190 8

I HEREBY CERTIFY, That I attended deceased from June 7 190 8 to Aug 6 190 8

that I last saw h er alive on Aug 6 190 8,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

E Pulmonalis ~

(DURATION) ~ DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) ..... DAYS

(Signed) H W Eaton M.D.

Address Bay View Hosp.

Date Aug 6 190 8

Place of Burial .....

Date ..... 190 ....

Undertaker G. L. Hurley

Address 931 N. Milton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Ward ..... C14723 Registered No. B .....

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital, Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Butler

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: .....

AGE: 39 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/10 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 7 1908 that I last saw him alive on Aug 7 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ex Laparotomie

(DURATION) ..... DAYS

Contributory (Primary.) Chronic Tuberculosis (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date August 7 1908

Place of Burial .....

Date ..... 190....

Undertaker G. L. Hurley

Address 931 N. Monroe St

JOHNS HOPKINS HOSPITAL AUG 8 1908 FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14724

Registered No. B .....

City of Baltimore, (No. 113 W. Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm M. Kirtland

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | white |

DATE OF BIRTH: Oct 7th (Month) ..... (Day) 1866 (Year)

AGE: 41 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C

FULL NAME OF FATHER: Albert Kirtland

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Rebecca Grayson

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Kirtland

(Address) 113 W Mulberry St

Filed Aug 10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 6 July 1908 to 8 Aug 1908 that I last saw h[illegible] alive on 8 Aug 1908 and that death occurred, on the date stated above, at 9 30 A. M. The CAUSE OF DEATH was as follows:

Septicemia
(Probably due to a carbuncle one weeks ago - A.P.J.)
from 6 July '08 (DURATION) ..... DAYS
Contributory Exhaustion & Irritable Endocarditis (DURATION) ..... DAYS

(Signed) Fourrie Engle M. D.

9 Aug 1908 (Address) 1007 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug 11th 1908 |
| UNDERTAKER | ADDRESS |
| Nelson Stein Bros Co | 300 W Fredrick |

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C14725 Registered No. B C14725

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert H Camp.

{Residence, if in Baltimore, Give Street and Number.} 2328 Pennsylvania Ave

C14725

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 6/12 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Bunch.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Camp.

(Address) 2328 Pennsylvania Ave

Filed Aug. 10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 8 1908

that I last saw him alive on Aug 8 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous meningitis

about (DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date August 8 1908

Place of Burial Green Mount

Date August 11th 1908

Undertaker W. E. Hughes Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B

# CERTIFICATE OF DEATH. C14726

(Place of Death.) No. 1318 Wilcox St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant child of John & Bertha Connor

{Residence, if in Baltimore, Give Street and Number.} 1318 Wilcox St. C14726

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 8, 1908

AGE: ....years, ....months, 1/2 hour.

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Connor

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Bertha Sanahand

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Connor

(Address) 1318 Wilcox St

Filed Aug 10 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 8 1908 that I last saw him alive on Aug 8 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth - (6 mos.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St.

Date Aug. 8, 1908

Place of Burial Italy Cem

Date Aug 10 1908

Undertaker Clark Thomas

Address 442 N. Bond.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C14727 Registered No. B 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 116 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Capt. Richard J. North

{Residence, if in Baltimore, Give Street and Number.} 116 S. Washington St.

Duration of Residence in Baltimore. 70 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 15 1827

AGE 81 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard North

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Wheeler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired Sea Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances E. North

(Address) 116 S. Washington St

Filed 8/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to Aug. 7 1908, that I last saw h[illegible] alive on Aug 7 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmhage

(DURATION) DAYS

Con'tributery (Primary) Apoplexy (DURATION) DAYS

(Signed) Fredk Carman M.D.

Address 2224 E Baltimore St

Date Aug 8 1908

Place of Burial Baltimore Cemetery

Date August 10 1908

Undertaker Wm C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C14728 · Registered No. B C14728

151

# CERTIFICATE OF DEATH.

Place of Death.) No. 617 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clayton Hess

{ Residence, if in Baltimore, Give Street and Number. } Life 617 S Durham Life

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Son |
| COLOR | W |
| DATE OF BIRTH | May 20 1908 |
| AGE | ..... years, 2 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Peter Hess |
| BIRTHPLACE OF FATHER (State or country) | Balto |
| MAIDEN NAME OF MOTHER | Lizzie Hess |
| BIRTHPLACE OF MOTHER (State or country) | Balto |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Hess

(Address) 617 S. Durham St.

Filed 8/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 8 1908

that I last saw h— alive on Aug 8 1908

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate )

Pneumonia

(DURATION) 5 Days

Contributory (Primary) —

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 161 Bentley

Date Aug 8 1908

Place of Burial Trinity Cemetery

Date Aug. 10 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S E Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C14729

Ward 9 Registered No. C 14729

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1626 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Dignan

Residence, Give Street and Number, 1626 N. Bradford St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: White

DATE OF BIRTH: Mar 11 1867

AGE: 41 years, 4 months, 27 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Patrick Dignan

BIRTHPLACE OF FATHER (State or county): Balto.

MAIDEN NAME OF MOTHER: Mary Conroy

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary G. Dignan

(Address) 1626 N Bradford

Filed 8/10 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from April 27th 1908 to Aug 7th 1908

that I last saw h alive on Aug 11 1908

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 120 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. T. Wilson M. D.

Address 4 E. Biddle St.

Date Aug 10 1908

Place of Burial Dacotah

Date Aug 11 1908

Undertaker Cahill Funeral

Address 1422 N Broadway

Ward 13 C14730 Registered No. B C14730

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1519 Retreat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Fitzmaurice

{ Residence, if in Baltimore, Give Street and Number. } 1519 Retreat St.

Duration of Residence in Baltimore. 45 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Not known 1

AGE 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Fitzmaurice

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Watchmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Fitzmaurice

(Address) 1519 Retreat St.

Filed 8/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to Aug 8 1908

that I last saw her alive on Aug 8 1908,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia & Weak heart.

Following Purulent Bronchitis

— Duration ... (DURATION) ... DAYS

Contributory (Primary.) Interstitial Nephritis

(DURATION) ... DAYS

(Signed) F C Pole M.D.

Address 2038 Madison Ave

Date August 8 1908

Place of Burial St Peters Cemet

Date Aug 11 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C14731

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James S. Biddle

{Residence, if in Baltimore, Give Street and Number.} 2203 N. Calvert St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 24" 1843

AGE 64 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER Joshua F. Biddle

BIRTHPLACE OF FATHER (State or country) Cecil Co Md

MAIDEN NAME OF MOTHER Rebecca Kennedy

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED Person on Steam Ship

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B P Hampton

(Address) 2203 Calvert St

Filed Aug 10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8, 1908

I HEREBY CERTIFY, That I attended deceased from July 1, 1908 to August 8, 1908 that I last saw h... alive on August 8 1908, and that death occurred, on the date stated above, at 8:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Starvation

(DURATION) 36 DAYS

Contributory (Primary.) Carcinoma cardiac end of Stomach (DURATION) DAYS

(Signed) Virginia Wroth, Jr. M.D.

Address Union Prot. Inf.

Date August 8, 1908

Place of Burial Elkton Cecil Co Md

Date Aug 11 1908

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14732 Registered No. B ..... C14732

# CERTIFICATE OF DEATH.

33

(Place of Death.) No. St Josephs German Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John B. Shellen

{Residence, if in Baltimore, Give Street and Number.} 729 Register St

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, 3 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: John Schneller.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Rosinna.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A P Brie. Sister

(Address) 1722 Lancaster St

Filed 8/10" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 7 1908

that I last saw him alive on Aug 7 1908

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Kidney.

(DURATION) 1 DAYS

Contributory (Primary) Abscess.

(DURATION) DAYS

(Signed) W. Cole Davis. M.D.

Address St Josephs German Hosp.

Date Aug 7 1908

Place of Burial Sacred Heart.

Date Tuesday Aug 11" 1908

Undertaker M F Vadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW ON THIS SUBJECT.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7 — C14733 — Registered No. C 14733

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1910 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexandra Gutowski

Residence, Give Street and Number, 1910 Alice Anna St

Duration of Residence in Baltimore, during life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: white

DATE OF BIRTH: 1

AGE: 1 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Bolaslaw Gutowski

BIRTHPLACE OF FATHER (State or county): Russia Poland

MAIDEN NAME OF MOTHER: Mary Rogalski

BIRTHPLACE OF MOTHER (State or county): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Balaslaw Gutowski

(Address) 1900 Alicanna St

Filed 8/10 '' 190 — HENRY O. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 10th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 7th 1908 to Aug. 8th 1908 that I last saw her alive on Aug. 8th 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthenia

several days (DURATION) DAYS

Contributory (Primary) Cholera infantum

five weeks (DURATION) DAYS

(Signed) Fredk A. Konradi, M. D.

Address 2221 E. Baltimore St

Date August 10th 1908.

Place of Burial Holy Rosary.

Date Tuesday Aug 11 1908

Undertaker M F. Dubowski.

Address 703 S. Ann St.

Remarks

Ward V (2nd) [redacted] Registered No. B C14734

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 2002 Pleasant all St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Helen Seyman

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20 1908

AGE: ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Buffalo

FULL NAME OF FATHER: Benjamin Seyman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Agnes Chmielewska

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Seyman

(Address) 2002 Pleasant all

Filed

..... 190.....

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to July 23 1908 that I last saw h[illegible] alive on July 23 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 18 DAYS

(Signed) J. Szmielewska M.D.

Address 1713 Bank St

Date August 10 1908

Place of Burial St. Stanislaus

Date Tuesday Aug 11 1908

Undertaker W. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C 14733 Registered No. B .....

12?

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James W. Foulks

{ Residence, if in Baltimore, Give Street and Number. } 2800 Valley Street

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 46 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Em. Foulks

(Address) Va

Filed 8/10" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 9 1908

that I last saw h.m alive on Aug 9 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

Secondary - to

vesical calculus + cystitis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. D. McClure M.D.

Address John Hopkins Hospital

Date Aug 9 1908

Place of Burial Fauquier C.H. Va Catletts Station

Date August 11 1908

Undertaker R T Elliott

Address 506 Regues Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C14736

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 114 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Quark.

Residence, Give Street and Number, 114 W. West St

Duration of Residence in Baltimore, 25 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 20 1844

AGE: 64 years, — months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: William Guthrie

BIRTHPLACE OF FATHER (State or county): Dont know

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or county): Dont know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Quark (Husband)

(Address) 114 W West St

Filed 8/10" 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 8 190 8

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Coroner

Address

Date August 8 190 8

Place of Burial Leeds Hill

Date August 11 190

Undertaker Titus & Brumbaugh

Address 1428 S Charles St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended (during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C14737 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Maurice B. Lawrence

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) U. S. Marine Hospital

Filed 8/11 1908 MARY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to August 10 1908 that I last saw him alive on August 10 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis & Valvular disease of heart, aortic & mitral

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis, & Valvular disease of heart, aortic & mitral (DURATION) DAYS

(Signed) Jno. T. Buckheister M.D.

Address U. S. Marine Hospital

Date August 10 1908

Place of Burial Bristol Pa

Date Aug 11/08 190

Undertaker N. E. Stuart

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

# CERTIFICATE OF DEATH.

Registered No. B C14738

City of Baltimore, (No. 1034 West Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Mae Larrimore

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 16 (Day) 1903 (Year)

AGE: 5 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Oswald T. Larrimore

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna R. Bowers ~~Larrimore~~

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: H

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oswald T Larrimore

(Address) 1034 W Fayette St

Filed 8/11 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to Aug 9th 1908 that I last saw her alive on Aug 9th 1908, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Spinal Meningitis

(DURATION) 30 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Addison C. Fox M. D.

Aug 10th 1908 (Address) 313 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Aug 11 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14739

Ward 5 Registered No. B

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 516 Short St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Cooper

{ Residence, if in Baltimore, Give Street and Number. } 516 Short St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 65 years, X months, X days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Buely E. Cooker

(Address) 516 Short St.

Filed 8/11 190 8 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 190 8

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to ~~.....~~ 190

that I last saw h ~~.....~~ alive on ~~.....~~ 190 ,

and that death occurred, on the date stated above, at 1.15

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Succeeded)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rodger Carruthers M.D.

Address Coroners Office

Date Aug 8 — 08 190

Place of Burial Asbury Cemetery

Date August 11th 190 8

Undertaker Robert A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C14740 Registered No. B C14740

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 203 S. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earnest Burke

{ Residence, if in Baltimore, Give Street and Number. } 203 S. Madeira St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: July 12 1908

AGE: ..... years, ..... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas. Burke

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Matilda Wilson

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Matilda Burke.

(Address) 203 S. Madeira.

Filed 8/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Aug 9th 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 7th 1908 to Aug 9th 1908 that I last saw h.. alive on Aug 7 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition (DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) R.S. Kirk M.D.

Address In Balto Eastern Dispensary 1200 E. Balto St.

Date Aug 9th 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 10 1908 190

Undertaker Commissioner of Health, per J. WOODALL

Address FOR AN ... POSES

WM. J. C. DULANY CO., BALTIMORE.

Page 164

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C14741 Registered No. B C14741

# CERTIFICATE OF DEATH.

170

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Schmeltzer

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: —

AGE: 76 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/11 190 8 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to Aug 8 1908

that I last saw him alive on Aug 8 1908,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma of Groin

(DURATION) — DAYS

Contributory (Primary.) Cachexia

(DURATION) — DAYS

(Signed) D. M. Esher M.D.

Address Bay View Asylum

Date Aug 9 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 10 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

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deceased, and the *cause and date of death.*

Page 164

Ward 14 C14742 Registered No. B

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent Grant.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, ..... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 8/11 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 9 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. St. Hayward M.D.

Address 1230 N. Carlton St

Date Aug 10 1908

Place of Burial Greenmount

Date Aug 11 1908

Undertaker Martin Fahy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. C14743 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Mary Geiss

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address) .....

Filed 8/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug 9 1908 that I last saw h alive on 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. H. Hayward M.D.

Address 1302 N Carrollton Ave

Date Aug 10 1908

Place of Burial Greenmount Cathedral

Date Aug. 11 1908

Undertaker Martin Fahey Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14744 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Hart.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 8/11 190 8 HARRY G. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Aug 9 190 8 that I last saw h living alive on Aug 7 190 8, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. D. Hayward M.D.

Address 1235 N Carrollton Av

Date Aug 10 190 8

Place of Burial Old Cathedral

Date Aug 11 190 8

Undertaker Martin Lakey & Sons

Address 606 Lafayette Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14745 Registered No. B

# CERTIFICATE OF DEATH. C14745 91

(Place of Death.) No. 917 N. Fremont St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John A. E. Spechenreuch.

{ Residence, if in Baltimore, Give Street and Number. } 917 N. Fremont St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 25 1831

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John [illegible] Spenkeuch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hulsman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. A. Burke

(Address) 17 S. Calhoun St

Filed 8/11 1908 HARRY M. ROGERS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10th, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 9 1908

that I last saw h[illegible] alive on Aug 9 1908,

and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Chronic Bronchitis

Abscess Asthma (DURATION) DAYS

(Signed) J. M. Lumpkin M.D.

Address 602 S. Paca St.

Date Aug 10 1908

Place of Burial Loudon Park Cem.

Date Aug 11th 1908

Undertaker Robt Burke & Son

Address 17 S. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14746

Registered No. B.....

City of Baltimore, (No. 1352 Cleveland St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Amram Newman

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Collard

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 2 years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Easton Md

FULL NAME OF FATHER: William A. Newman

BIRTHPLACE OF FATHER (State or country): Easton Md

MAIDEN NAME OF MOTHER: Ella Walker

BIRTHPLACE OF MOTHER (State or country): Easton Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella A. Newman

(Address) 1352 Cleveland St

Filed Augu 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 3 1908 to Aug. 10 1908 that I last saw h er alive on 8th 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

4 weeks (DURATION) ..... DAYS

Contributory asthenia

Convulsions (DURATION) 1 DAY

(Signed) L A Keene M. D.

Aug. 10 1908 (Address) 914 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Easton Point on Half Mast

DATE OF BURIAL: Aug 11 1908

UNDERTAKER: Geo L Hooper

ADDRESS: 609 Little Pan

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 14747 Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William Hodge

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Not Known.

AGE 70 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Brick Layer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Hellyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Aug 10 1908

that I last saw him alive on Aug 10 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) DAYS

(Signed) E. N. Baker M.D.

Address Bay View Hospital

Date Aug 10 1908

Place of Burial County Cemetery

Date Aug 11 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 14748

City of Baltimore, (No. 104 S Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan F. Ensey

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. (Month) 12. (Day) 1832 (Year)

AGE 76 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Jas Sickels

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Derrylow

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H Ensey

(Address) 106 S Mount St

Filed Aug 11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 10 1908

that I last saw h alive on Aug 10th 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Bright Disease

One year (DURATION) 4 DAYS

Contributory Unknown

(DURATION) ..... DAYS

(Signed) D. H. Ensey M. D.

Aug 11th 1908 (Address) 111 S Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Woodlawn Cem | DATE OF BURIAL Aug 12 1908

UNDERTAKER Jos B Cook | ADDRESS 1003 E Balto

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 Registered No. B C14749

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1117 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Hebert

{Residence, if in Baltimore, Give Street and Number.} 1117 W. Franklin St.

C14749

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 24th 1866

AGE 42 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John J. Hebert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M. Redmyer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie R. Savage (Aunt)

(Address) 1117 W. Franklin St

Filed Aug 11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to Aug 8th 1908

that I last saw h in alive on Aug 7th 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Alleged hem 25 days (DURATION) Duration Unknown DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 25 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Aug 8th 1908

Place of Burial Western Cem

Date Aug 11 1908

Undertaker Jos B Cook

Address 1003 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE C14750 C14750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13 80

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2305 Callow Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Feustermed

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Feustermed

(Address) 2305 Callow Av

Filed 8/11 1908 ..... Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: August (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 5 1908 to August 10 1908 that I last saw h e alive on August 9 1908, and that death occurred, on the date stated above, at 3A M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 5 DAYS

Contributory Myocarditis, Arteriosclerosis

(DURATION) 8 7 DAYS

(Signed) Julius Feustermed M. D.

August 11 1908 (Address) 1013 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: Aug 12th 1908

UNDERTAKER: David Sondheim

ADDRESS: 923 Madison av

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C14751 Registered No. B .....

# CERTIFICATE OF DEATH. 18

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pinkgas Klinegus

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 25 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 8/11 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 10 1908

that I last saw h, — alive on Aug 10 1908

and that death occurred, on the date stated above, at 3 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Sprue & Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Heart Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date Aug 10 1908

Place of Burial Holy Redeemer

Date Aug 11 1908

Undertaker A. S. Frick

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C14752 Registered No. C C14752

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. Thomas Wilson Sanitarium Mt. Wilson, Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Carter

Residence, Give Street and Number, 1638 Pennsylvania Ave

Duration of Residence in Baltimore, 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... 1

AGE: ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/11 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 8 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Aug 8 1908

that I last saw him alive on Aug 8 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) 30 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) ..... M. D.

Address Johns Hopkins Aug 11.
804 Cathedral

Date ..... 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 11 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C14753

Registered No. C14753

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Union Mem. Hospital, Mt. Wash., Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~James~~ Harry Goldman

Residence, Give Street and Number, 429 Aisquith St.

Duration of Residence in Baltimore, 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/11 1908 HARRY C. ANDREWS, PUBLIC CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 8 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to Aug 8 1908

that I last saw h~~im~~ alive on Aug 8. 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Kerr Jr. M. D.

Address 824 Cathedral St

Date Aug 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 11 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

Remarks

FOR ANATOMICAL PURPOSES

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11

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HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C14754

Registered No. C C14754

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. W Lanvale Nelson Sanitarium, Mt. Nelson, Md. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Backstoi

Residence, Give Street and Number, 429 Aisquith St.

Duration of Residence in Baltimore, 8 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/11 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 8 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to Aug 8 1908

that I last saw him alive on Aug 8 1908

and that death occurred, on the date stated above, at 10 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) 4 months DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Jno Lee J. M. D.

Address 8 W Cathedral St

Date Aug 11 1908

JOHNS HOPKINS HOSPITAL
AUG 11 1908

Place of Burial .....

Date ..... 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

5/11

HEALTH DEPARTMENT, City of Baltimore. C14755

Ward 14 C14755 Registered No. C 14755

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. Thomas Wilson Sanitarium, Mt. Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leo McKeever

Residence, Give Street and Number, 609 E. Clement St.

Duration of Residence in Baltimore, 4 mos

## PERSONAL AND STATISTICAL PARTICULARS.

SEX ~~Male~~ Male

COLOR White

DATE OF BIRTH 1

AGE years, 1 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Sing

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Sing.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/11 190 8 HARRY C. ATKINS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 8 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 3 190 8 to Aug 8 190 8

that I last saw him alive on Aug 8 190 8

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital debility

(DURATION) 30 DAYS

Contributory (Primary) Streptococcus furunculosis (DURATION) 10 DAYS

(Signed) W. McKee Jr. M. D.

Address 804 Cathedral St

Date Aug 11th 190 8

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 11 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15/6

Ward V

C14756

C14756

Registered No. B 113

# CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Bittner

{Residence, if in Baltimore, Give Street and Number.} 514 S. Fremont Ave.

Duration of Residence in Baltimore. 35 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 4 1833

AGE 76 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ernest Tschatte

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schaeffer

(Address) 514 S Fremont St

Filed 9/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 10 1908

that I last saw her alive on Aug 10 1908,

and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Con'tributory (Primary.) Appendicitis ✓

Cholelithiasis (operation Aug 7)

(DURATION) DAYS

(Signed) J Herbert Bates M.D.

Address Church Home & Infirmary

Date Aug 10 - 1908

Place of Burial London Park Cemetery

Date Aug 12th 1908

Undertaker Geo Leinbach & Son

Address 647 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14757 Registered No. B

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 426 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John S. Tagg

{ Residence, if in Baltimore, Give Street and Number. } 426 Falls Road

Duration of Residence in Baltimore. 2 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 21 1906

AGE: years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm Tagg

BIRTHPLACE OF FATHER (State or country): Carroll Co

MAIDEN NAME OF MOTHER: Mary Bauth

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Tagg

(Address) 426 Falls Road

Filed 8/11 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1908, and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis (DURATION) 30 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) D. R. Wantz M.D.

Address 765 3rd ave

Date Aug 12 1908

Place of Burial St Mary's

Date Aug 12 1908

Undertaker J. Wannall

Address 3553 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14758

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 629 Jefferson St, Waverly, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura V. Fleim

{ Residence, if in Baltimore, Give Street and Number. } 629 Jefferson St, Waverly

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH the 1st Known 1

AGE 29 years, — months, ..... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Ira M Folks

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary A Barrenger

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W Fleim

(Address) 629 Jefferson St Waverly.

Filed 8/11 " 1908 HARRY G. ANDREWS. Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 10 1908 that I last saw her alive on Aug 9th 1908, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. P. Lance M.D.

Address 1238 Freemont Ave

Date Aug 10th 1908

Place of Burial Baltimore Cemetery

Date August 12. 1908.

Undertaker Williams Soak

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14759 Registered No. B

# CERTIFICATE OF DEATH.

131

(Place of Death.) No. 323 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edmund Powley

{Residence, if in Baltimore, Give Street and Number.} 323 N. Gilmor St.

Duration of Residence in Baltimore. 75 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Balto Co. Md.

FULL NAME OF FATHER Horace Knight.

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Clinton Powley

(Address) 323 N. Gilmor St.

Filed 8/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10th 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 9 1908 to Aug 10 1908 that I last saw h alive on Aug 9 1908, and that death occurred, on the date stated above, at 8:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Contusion

(DURATION) DAYS

Contributory (Primary) Cystic Tumor of Ovary

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address 1005 Cathedral St

Date Aug 9 1908

Place of Burial Loudon Park Cemetery

Date Aug 12/08 1908

Undertaker Wm Lord

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14760

C14760

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1056 N. Callington Av. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Claus H Lauder

{Residence, if in Baltimore, Give Street and Number.} 1056 N. Callington Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E Lauder.

(Address) 1056 N Callington Ave

Filed 8/11" 1908

HARRY C. AN Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10, 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to Aug 10 1908 that I last saw h... alive on Aug 1, 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Pneumonia

(DURATION) 35 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Aug 11, 1908

Place of Burial Balto Cemetery

Date Aug. 12th 1908

Undertaker William Sodt

Address 502 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C14761 Registered No. B.....

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Lane

{Residence, if in Baltimore, Give Street and Number.} —

C14761

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH —

AGE 69 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 8/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 10 1908

that I last saw her alive on Aug 10 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Phthisis

(DURATION) DAYS

(Signed) R. B. Eaton M.D.

Address Bay View Asylum.

Date Aug 10 1908

Place of Burial Baltimore Cemetery

Date Aug 12 1908

Undertaker William Ruff

Address 502 Elliott ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C14762 Registered No. B

# CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1616 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Liviana Lampert

{ Residence, if in Baltimore, Give Street and Number. } 1616 Light St

C 14762

Duration of Residence in Baltimore. 50 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Henning Nephew

(Address) 1616 Light St

Filed 8/11 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Aug 9 1908 that I last saw h[illegible] alive on Aug 8 1908 and that death occurred, on the date stated above, at 8:[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 4 DAYS

Contributory (Primary) age & general debility (DURATION) 2 years DATE

(Signed) Theodore Costa M.D.

Address 914 N Chas St

Date Aug 10 1908

Place of Burial St Peters Cemetery

Date Aug 12 190[illegible]

Undertaker W. H. & M. E. Flynn

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Light St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Bridget Holthaus

{Residence, if in Baltimore, Give Street and Number.} 1454 Hull St.

Duration of Residence in Baltimore. Lifetime

C14763

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1

AGE: 42 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Patrick McCall

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Holthaus

(Address) 1454 Hull St

Filed 8/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to Aug. 9 1908

that I last saw h[illegible] alive on Aug. 9 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Harry Gross M.D.

Address 909 Cathedral

Date Aug 11 1908

Place of Burial Cathedral Cemetery

Date Aug. 12 1908

Undertaker H. & M. S. Filpus

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ***cause and date of death.***

Ward ..... R...

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 517 W. Biddle St. Shelter for Aged Colored Persons St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Addison

{ Residence, if in Baltimore, Give Street and Number. } 517 W. Biddle St

C14764

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1818

AGE 90 years, ..... months, ..... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matron of Home

(Address) 517 W. Biddle St

Filed 8/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 11 1908 that I last saw h[illegible] alive on Aug 9 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Senile decay

(DURATION) — DAYS

(Signed) Chas. J. Keller M.D.

Address 727 W. Lanvale St

Date Aug 11 1908

Place of Burial Laurel Cem

Date Aug. 12 1908

Undertaker Chas. E. Frances

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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C14765

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 3340 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza M. Hooker

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb 25 1855
(Month) (Day) (Year)

AGE 53 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry C Glucke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary K. Heinlein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lelia M Hooker

(Address) 3340 York Road

Filed 8/11" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 10 1908

that I last saw h[illegible] alive on Aug 9 1908,

and that death occurred, on the date stated above, at 5- A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Two years (DURATION) DAYS

Contributory Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Frances A. Carpenter M. D.

Aug 10 1908 (Address) Baltimore

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | Aug 12 1908 |
| UNDERTAKER | ADDRESS |
| Ellis & Fuller | 221 N Bond |

Ward ..... C14766

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 723 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bartholomay Pancyak

{ Residence, if in Baltimore, Give Street and Number. } 723 S. Durham

Duration of Residence in Baltimore. 35 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 21 1855

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Merried

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Joseph Pancyak.

BIRTHPLACE OF FATHER (State or country): German Poland

MAIDEN NAME OF MOTHER: Katherine Milgaret

BIRTHPLACE OF MOTHER (State or country): German Poland

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Pancyak.

(Address) 723 S. Durham St

Filed 8/11" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 10, 1908

that I last saw h... in alive on Aug 9 1908,

and that death occurred, on the date stated above, at 1116 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

& Nephritis

(DURATION) ... DAYS

Contributory (Primary.) Asthenia

(DURATION) ... DAYS

(Signed) G. C. Thiem M.D.

Address 3038 E. Balto St.

Date Aug. 10 1908

Place of Burial St Stanislaus

Date ~~10~~ Thursday Aug 13" 1908

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

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## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

No 2724 N. Charles St. Registered No. B C14767

City of Baltimore, (No. Diseases Sellman Sanitarium Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander Hamilton Leftwich

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 12 1847 (Month) (Day) (Year)

AGE: 60 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Lynchburg Va.

FULL NAME OF FATHER: Augustine Leftwich

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Elizabeth W. Clark

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander T. Leftwich

(Address) Baltimore, Md.

Filed 8/11" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 11 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Aug. 11 1906 that I last saw him alive on Aug 10 1908, and that death occurred, on the date stated above, at 9.20 a.m. The CAUSE OF DEATH was as follows:

Carcinoma of the prostate

(DURATION) 3 years

Contributory Cachexia

one month (DURATION) DAYS

(Signed) Albert Keidel M. D.

Aug 11 1908 (Address) 4 W. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 14 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lynchburg Va — DATE OF BURIAL: Aug 12 1908

UNDERTAKER: H. M. Jenkins Bond Co — ADDRESS:

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C[illegible]

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1208 Canton St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Francis Sobczak

{ Residence, if in Baltimore, Give Street and Number. } 1208 Canton St.

C14768

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE — years, — months, 40 hrs ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Casmier Sobczak.

BIRTHPLACE OF FATHER (State or country) Germany Poland.

MAIDEN NAME OF MOTHER Michalina Pogwatow.

BIRTHPLACE OF MOTHER (State or country) German Poland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Casmier Sobczak.

(Address) 1208 S. Canton St

Filed 8/11" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 9 1908 to Aug 11 1908

that I last saw her alive on " 10 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth (7½ mo)

40 hrs (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Chas D Meyer M.D.

Address Leig & Pat Parkway

Date Aug 11 1908

Place of Burial St Stanislaus

Date Tuesday Aug 11" 1908

Undertaker M J Sullivan

Address 708 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 HEAL C14769 Registered 45

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Janowiak

Residence, Give Street and Number, 1736 Alice Anna

Duration of Residence in Baltimore, 17 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, - months, - days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): German Poland

FULL NAME OF FATHER: Martin Pietrowiak.

BIRTHPLACE OF FATHER (State or county): German Poland

MAIDEN NAME OF MOTHER: Mary Kostowska.

BIRTHPLACE OF MOTHER (State or county): German Poland.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Janowiak.

(Address) 1736 Aliceanna St

Filed 8/11" 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug 10 1908

that I last saw her alive on Aug 9 1908

and that death occurred, on the date stated above, at 12:00 Mid Night M.

CAUSE OF DEATH (Secondary or Immediate,)

Cancer Lung

(DURATION) DAYS

Contributory (Primary) Asthma

(DURATION) DAYS

(Signed) G C Kreuz M.D.

Address 1038 E Balto.

Date Aug 10 1908

Place of Burial St Stanislaus.

Date Wednesday Aug 12 1908.

Undertaker W J Sadowski.

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

# CERTIFICATE OF DEATH.

(Place of Death.) No. 425 — E — 22nd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Gehrmann

{Residence, if in Baltimore, Give Street and Number.} 425 E 22nd Street

C 14770

Duration of Residence in Baltimore. 57 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: November 11th 1831

AGE: 76 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Braunschweig Germany

FULL NAME OF FATHER: Andreas Gehrmann

BIRTHPLACE OF FATHER (State or country): Braunschweig Germany

MAIDEN NAME OF MOTHER: Caroline Braemer

BIRTHPLACE OF MOTHER (State or country): Braunschweig Germany

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A. Walker

(Address) 1714 Barclay Street

Filed 8/11" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 9 1908

that I last saw h— alive on Aug 7 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (cerebral)

2 (DURATION) — DAYS

Contributory (Primary.) arteriosclerosis

several years (DURATION) DAYS

(Signed) Dan Lucas M.D.

Address 712 Park Ave Balto

Date Aug 10 1908

Place of Burial Baltimore Cemetery

Date August 11, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2800 W Lafayette Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret W. Cruddan

{Residence, if in Baltimore, Give Street and Number.} 2800 W Lafayette Av

Duration of Residence in Baltimore. 60 years

C14771

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 22nd 1822

AGE 86 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Irland

FULL NAME OF FATHER Samuel Wilson

BIRTHPLACE OF FATHER (State or country) Scottland

MAIDEN NAME OF MOTHER Margaret Mc Kaney

BIRTHPLACE OF MOTHER (State or country) Irland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louis Rand

(Address) 2800 W. Lafayette ave

Filed 8/11 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1908 to Aug 10th 1908

that I last saw h[illegible] alive on Aug 9th 1908

and that death occurred, on the date stated above, at 1.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Bronchitis & Asthenia.

(DURATION) 8 DAYS

Contributory (Primary.) Old age.

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Aug 10th 1908

Place of Burial Western Cemetery

Date Aug 12th 1908

Undertaker Geo. Bruns

Address 554 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

# CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1519 Barclay St. St.

(If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Hester Ann Wennett

{Residence, if in Baltimore, Give Street and Number.} 1519 Barclay St.

C 14772

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 23rd 1835

AGE 73 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Bond

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Hester Bond

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Kathurn Brunner

(Address) 717 St Peter St

Filed 8/11" 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9th 1908

I HEREBY CERTIFY, That I attended deceased from May 13th 1908 to Aug 7th 1908

that I last saw h.. alive on Aug 11 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate Cause of the Intestines

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 9 E. Fidelity St.

Date Aug 12th 1908

Place of Burial Western Cemetery

Date Aug 12th 1908

Undertaker David McLean Co

Address 833 Linden Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C14773

# CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Voelkel

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C14773

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Jan: 9th 1835

AGE: 73 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Voelkel

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Margaretth Friedrich

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 8/11 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 9th 1908

I HEREBY CERTIFY, That I attended deceased from to record 190 to 190

that I last saw h.. alive on 190,

and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

Unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley st

Date Aug. 9th 1908

Place of Burial Holy Redeemer

Date Aug. 12th 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 C14774

# CERTIFICATE OF DEATH.

(Place of Death.) No. 722 Thirty fifth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgeanna Patterson

{Residence, if in Baltimore, Give Street and Number.} 722 — 35th St.

Duration of Residence in Baltimore. Life. C14774

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Febry 22 1908

AGE ____ years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm Purcell Patterson

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Bessie L. Dooley.

BIRTHPLACE OF MOTHER (State or country) Louisville Ky.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 700 N. Fulton Ave

Filed 8/11" 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10. 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to Aug 10 1908

that I last saw h.. alive on Aug 8 1908 1.45

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis

(DURATION) — DAYS

Contributory (Primary.) Inanition.

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date Aug 11. 1908

Place of Burial Woodlawn

Date Aug 12 1908

Undertaker Wm. E. Chenowith & Son

Address 919 3rd ave

Funeral Aug 12"/08 at 8 a. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14775

City of Baltimore, (No. 1438 N. Fulton Ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan T. Burns

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 8 (Month) 13 (Day) 1855 (Year) |
| AGE | 52 years, 11 months, 28 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto Co Md. |
| FULL NAME OF FATHER | Edward Burns |
| BIRTHPLACE OF FATHER (State or country) | Balto Co Md. |
| MAIDEN NAME OF MOTHER | Margaret E. Stone |
| BIRTHPLACE OF MOTHER (State or country) | Balto Co Md |
| OCCUPATION OF DECEASED | Driver |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O N Duvall Md

(Address) 1326 N Mount

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 10 1908 that I last saw him alive on Aug 10 1908, and that death occurred, on the date stated above, at 4 15 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 4 DAYS

Contributory Thrombosis

(DURATION) 4 DAYS

(Signed) O. N. Duvall M. D.

8/11 1908 (Address) 1326 N Mount St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | Aug 13 1908 |
| UNDERTAKER | ADDRESS |
| John Burns & Son | Towson |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 737 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. Dunnigan

{ Residence, if in Baltimore, Give Street and Number. } 737 S. Luzerne St.

Duration of Residence in Baltimore. Life

C14776

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Nov. 4th 1888

AGE: 19 years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Dunnigan

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary A. Callahan

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Cotton Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kate Beaton

(Address) 737 S. Luzerne St.

Filed 8/12 1908 DAISY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 9 1908 that I last saw him alive on Aug 9 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Addisons Disease (DURATION) unknown DAYS

Contributory (Primary.) Asthenia (DURATION) 2 weeks DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Av

Date Aug 10 1908

Place of Burial Holy Cross Cem.

Date Aug. 12th 1908

Undertaker Jno. A. Inman

Address Bank & Annsts.

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Lenn

{ Residence, if in Baltimore, Give Street and Number. } —

C14777

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX M | COLOR C |
| DATE OF BIRTH — 1 | |
| AGE 22 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S. |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Laborer - |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/12 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Aug 11 1908

that I last saw him alive on Aug 11 1908,

and that death occurred, on the date stated above, at 12m.

The CAUSE OF DEATH (Secondary or Immediate)

E Shaudeni —

..... (DURATION) — DAYS

Contributory (Primary.) Pulmonary

Phthisis (DURATION) DAYS

(Signed) H H Baker M.D.

Address Bay View Hospital

Date Aug 11 1908

Place of Burial Mt Auburn et

Date Aug 12th 1908

Undertaker C. L. Brown & Son

Address 108 W Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14778 C14778

Ward 10 Registered No. B 14778 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 730 E Biddle St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Wright

{Residence, if in Baltimore, Give Street and Number.} 730 E Biddle St

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH Mch 18th 1908.

AGE 4 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jas H Wright

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Christina Duvall

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph H Wright

(Address) 730 E Biddle St.

Filed 8/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday Aug 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 11 1908 that I last saw her alive on Aug 11th 1908, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Con'ributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) R.S. Kirk M.D.

Address 1615 E. Baltimore

Date Balto Aug 11th 1908.

Place of Burial Balto Cemetery

Date Aug. 12. 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C14779 C14779 Registered No. B

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2573 Frances St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lucy Merrick

{Residence, if in Baltimore, Give Street and Number.} 2513 Frances St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 23 months, ..... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo R Merrick

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Laura Little

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Merrick

(Address) 2573 Frances St

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1908

I HEREBY CERTIFY, That I attended deceased from August 10th 1908 to Aug 11th 1908 that I last saw her alive on Aug 11th 1908, and that death occurred, on the date stated above, at 1.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con ributory (Primary.) Meningitis

(DURATION) 1 DAYS

(Signed) E G Shower M.D.

Address 1224 N. North ave

Date August 11th 1908

Place of Burial Western Cemetery

Date Aug 13 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C14780 Registered No. B C14780

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 758 Sarah Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank a Moore

{Residence, if in Baltimore, Give Street and Number.} 758 Sarah Ann St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Colored |
| DATE OF BIRTH: Oct. 24th 1907 | |
| AGE: 9 years, 9 months, 21 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Balto | |
| FULL NAME OF FATHER: Isem Moore | |
| BIRTHPLACE OF FATHER (State or country): Va | |
| MAIDEN NAME OF MOTHER: Lillian Cooper | |
| BIRTHPLACE OF MOTHER (State or country): Va | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Moore

(Address) 758 Sarah Ann

Filed 8/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 10th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908 to .....1908

that I last saw h..... alive on .....1908

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

Con'tributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) Dias Baldwin M.D.

Address 700 Log. av. (Corner)

Date Aug 11th 1908

Place of Burial Mt Auburn

Date Aug 12 1908

Undertaker Hayes & Adams

Address 1006 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14781 Registered No. B C14781

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1642 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Wilson

{Residence, if in Baltimore, Give Street and Number.} 1642 Vincent St

Duration of Residence in Baltimore. 4 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1839

AGE: 69 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Stevens

(Address) 1512 Presstman

Filed 8/12 1908 HARRY O'J ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1908 to Aug 11 1908 that I last saw h-er alive on Aug 10 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis (DURATION) ..... DAYS

Con'tributory (Primary.) Mitral Heart. (DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Aug. 11, 1908.

Place of Burial Catonsville, Harrisonville

Date Aug 12, 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C14782

C14782

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Valentine Schnabel

{Residence, if in Baltimore, Give Street and Number.} 1239 Jackson St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 23, 1857

AGE 51 years, 2 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Maryland

FULL NAME OF FATHER Frank Schnabel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Hocks

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dorothea Schnabel

(Address) 1239 Jackson St.

Filed 9/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 9 1908

that I last saw h alive on Aug 9 1908

and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Ernest X. Culbert M.D.

Address John Hopkins Hospital

Date Aug 9 1908

Place of Burial Holy Redeemer Cemetery

Date August 12 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C14783 — Registered No. B C14783

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary ann Taylor

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor

Duration of Residence in Baltimore. 60 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Dec: 18th 1833

AGE: 74 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edward Taylor

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Bridget Noonan

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug: 11th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Aug 9 1908,

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley st

Date Aug. 11 1908

Place of Burial Cathedral Cemetery

Date Aug. 13, 1908

Undertaker Henry W Means and Son

Address 1005 W. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14784 OFFICE OF REGISTRAR OF VITAL STATISTICS. C14784

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 804 St Peter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Sughrue (Sughrue)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 22nd (Month) (Day) 1873 (Year)

AGE: 35 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Philidelphia

FULL NAME OF FATHER: Michal J Sughrue

BIRTHPLACE OF FATHER (State or country): Irland

MAIDEN NAME OF MOTHER: Magt Murphy

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Domistic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbia Av

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 10 1908

that I last saw her alive on Aug 10 1908,

and that death occurred, on the date stated above, at 10 M. The CAUSE OF DEATH was as follows:

Necrosis of spinal vertebrae
fecal fistulae, Nephritis

about 30 yrs (DURATION) DAYS

Contributory Exhaustion

(DURATION) 30 DAYS

(Signed) H. E. Krauth M. D.

Aug 11 1908 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Aug 13 1908

UNDERTAKER: A Knell & Son | ADDRESS: 807 Columbia Av

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C14785 Registered No. B C14785

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 511½ - W 30th St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John M Cockey

{ Residence, if in Baltimore, Give Street and Number. } 511½ - W 30th St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Texas - Balto Co

FULL NAME OF FATHER Thos M. Cockey

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Sarah Lux

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Alexander

(Address) 511½ W. 30th St.

Filed 8/12 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Gregg Cameron M.D.

Address Corner. Md

Date Aug 10 — 08 190

Place of Burial St Francis (Cem) Govans

Date Aug 13 190 8

Undertaker Wendell Bippel & Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C14786 Registered No. B C14786

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 507 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm G. Johnson

{Residence, if in Baltimore, Give Street and Number.} 507 S. Dallas

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: March 18 1908

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joshua A. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Barbara Marquardt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua A Johnson

(Address) 507 S. Dallas

Filed 8/12 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 1 Mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Bradley

Date Aug 12 190

Place of Burial Baltimore Cem

Date Aug 14th 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C14787

Ward 14 C14787 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 311 S. Gilmor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Stein

{Residence, if in Baltimore, Give Street and Number.} 311 S. Gilmor St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: White

DATE OF BIRTH: Aug 11th 1908

AGE: — years, — months, 8 Hours

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Sing

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis Stein

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Matilda Gebhardt

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Stein

(Address) 311 S. Gilmor St

Filed 8/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 8 hrs. ~~DAYS~~

(Signed) J. Morley Hoag, M.D.

Address

Date 190

Place of Burial Western Ave

Date 8-12th 1908

Undertaker Robt. Brookesson

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14788

Ward 15 C14788 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1537 Retreat Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Richard Schmick

{ Residence, if in Baltimore, Give Street and Number. } 1537 Retreat St.

Duration of Residence in Baltimore. Twenty five years.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH May 17 1883

AGE 25 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Henry Schmick.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Elizabeth Toos

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Layfield

(Address) Royal Oak Md.

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1905, and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

5 minutes (DURATION) DAYS

Contributory (Primary.) Nephritis

Not positively known (DURATION) DAYS

(Signed) W. L. Ingram M.D.

Address 10 W. North Ave.

Date Aug 11 1908

Place of Burial Baltimore Cemetery

Date August 14 1908

Undertaker McGinnis-Cograll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C14789 Registered No. C C14789

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Thomas Mem Sanitarium, Mt Hilton Rd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Stein

Residence, Give Street and Number, 345 1/2 Forest St.

Duration of Residence in Baltimore, 10 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Sgl.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Harry Stein

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Beckie Cohen

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Sgl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Stein

(Address) 345 1/2 Forest St

Filed 8/12 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Ileo colitis

(DURATION) 40 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. D.

Address 804 Cathedral St

Date Aug 12 1908

Place of Burial Hebrew Rodeph Sholom

Date Aug 12 1908

Undertaker McGinnis & Carroll

Address 1327 Mulliken

Ward 10 C14790 Registered No. B C14790

# CERTIFICATE OF DEATH.

71

(Place of Death.) No. Druid Hill Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma E. Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 1132 Fawn Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 2nd 1908

AGE ..... years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Jno. J. O'Neill

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Frazier

BIRTHPLACE OF MOTHER (State or country) Wash. D.C.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno J O Neill

(Address) 1132 Woodbury St

Filed 8/12 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malignant Cerebro Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dulin & Williamson M.D.

Address 1818 E. Chas. St

Date Aug 11/08. 190....

Place of Burial New Cathedral

Date Aug 12th 1908

Undertaker M. Fahey & Son

Address 606 N. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C14791 OFFICE OF REGISTRAR OF VITAL STATISTICS. C14791

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

80

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2202, N. Fulton Ave St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Schaefer

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | April (Month) 16 (Day) 1870 (Year) |
| AGE | 38 years, 3 months, 25 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Edward Schaefer |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Lena Depkin |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Cutter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund Budenz

(Address) 1727 W. North ave

Filed 8/12 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to August 11 1908 that I last saw h ims alive on August 11 1908, and that death occurred, on the date stated above, at 9.25 A. M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) DAYS

Contributory Angina pectoris

(DURATION) 20 DAYS

(Signed) H. E. Reinhard M. D.

Aug. 12 1908 (Address) 1400 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | Aug 13 1908 |
| **UNDERTAKER** | **ADDRESS** |
| John H Bell | 604 N Charles St |

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C14792 Registered No. B C14792

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2931 Fait ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Lawrence Hagan

{Residence, if in Baltimore, Give Street and Number.} 2931 Fait ave.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX M. | COLOR W |
| DATE OF BIRTH | Dec. 4th 07 |
| AGE ..... years, 8 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S |
| BIRTHPLACE (State or country) | Balto. |
| FULL NAME OF FATHER | Charles F. Hagan |
| BIRTHPLACE OF FATHER (State or country) | Balto. |
| MAIDEN NAME OF MOTHER | Agnes Mc Hugh |
| BIRTHPLACE OF MOTHER (State or country) | Balto. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Hagan

(Address) 2931 Fait ave

Filed 8/12 1908 HARRY C. ANDREWS (PERMIT CLERK) Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH aug 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 11 1908 that I last saw him alive on Aug 9 1908, and that death occurred, on the date stated above, at 7:40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 7 DAYS

Con tributory (Primary.) Eclampsia (DURATION) 1 hr. DAYS

(Signed) M.J. McAvoy M.D.

Address 839 S. Caulton Pl.

Date aug- 11 a 1908

Place of Burial St Patricks cemetery

Date Aug. 12th 1908

Undertaker Jno. A. Inoas

Address Bank + Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W C14793 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 622 N. Fruitland St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Courtin

{Residence, if in Baltimore, Give Street and Number.} 622 N. Fruitland St

Duration of Residence in Baltimore. 24 hrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug 11 1908

AGE ..... years, ..... months, 24 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/12 1908 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 11 1908; that I last saw h alive on Aug 11 1908, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity

..... (DURATION) ..... DAYS

Contributory (Primary) Prematurity

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date Aug 12 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 12 1908 1908

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

Ward 7 C4794 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 110 Perry St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant Harry Upshur

{Residence, if in Baltimore, Give Street and Number.} 110 Perry St

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug 10th 1908

AGE: ..... years, ..... months, 1 day days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 110 Perry St

FULL NAME OF FATHER: Harford Upshur.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/12 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 11 1908 that I last saw h.. alive on Aug 10 1908, and that death occurred, on the date stated above, at 5 m. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo A Straus Jr M.D.

Address City Hosp.

Date Aug 12/08. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 12 1908 190..

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

166

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W C14795 Registered No. B C14795

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C Schmuck

{ Residence, if in Baltimore, Give Street and Number. } 318 W Lombard Street

Duration of Residence in Baltimore. 33 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 17th 1852

AGE: 55 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Chris Schmuck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E. Schmuck

(Address) 318 W. Lombard

Filed 8/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sepsemia and Pulmonary Oedema

(DURATION) 10 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 20 DAYS

(Signed) R H P Bay M.D.

Address University Hospital

Date Aug 11 1908

Place of Burial Mt Carmel Cem

Date 7/14/08 190

Undertaker J Herwig Son

Address 1008 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

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Ward 10

C14796 Registered No. B C14796

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Homewood Ave 1035 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kennedy

{Residence, if in Baltimore, Give Street and Number.} 1035 Homewood ave

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 62 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Denis Kennedy

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bridget Brougan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Teamster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kennedy

(Address) 1035 Homewood Ave

Filed 8/12 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h alive on ~~1908~~,

and that death occurred, on the date stated above, at 6 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden).

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carnell M.D.

Address Corner Week

Date Aug 11 1908

Place of Burial Cathedral

Date August 13. 1908

Undertaker P. C. Nicholson

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

b

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

137

C14797

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1012 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Wolf

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 25 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Wolf

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fannie Meyer

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Wolf

(Address) 1012 E Lombard st

Filed 8/12" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1908 to Aug 12th 1908

that I last saw h~~e~~r alive on Aug 11th 1908,

and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Puerperal Sepsis

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. F. Lucas M. D.

Aug 12th 1908 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL Aug. 13 1908

UNDERTAKER Mary Levinson

ADDRESS 1620 Mt Eldeny

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — C14798 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1325 N. Central ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Hanlon

{Residence, if in Baltimore, Give Street and Number.} 1325 N. Central ave.

Duration of Residence in Baltimore. 2 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Nov. 1 1878

AGE 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Hanlon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Gunnip

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

addres (Informant) 1325 N Central ave

Informant (Address) Thos Hanlon

Filed 8/12" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to Aug 11 1908 that I last saw h[illegible] alive on Aug 8 1908, and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis 18 mos. (DURATION) DAYS

Contributory (Primary.) Asthenia (DURATION) 8 weeks DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date Aug 11 1908

Place of Burial Mem Cathedral

Date August the 14 1908

Undertaker In Cadogan

Address 696 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 14799

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 673 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick H. Farrell

Residence, Give Street and Number, 673 W. Franklin.

C 14799

Duration of Residence in Baltimore, 54 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 57 years, 8 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER Thomas Farrell

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Annie Deaton

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED Retired Police.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Farrell

(Address) 673 W. Franklin.

Filed 8/12" 1908 HARRY G. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug [illegible] 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to Aug [illegible] 1908 that I last saw h[illegible] alive on July 7 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Interstitial Nephritis

About 6 Mo. (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Keller M. D.

Address 1937 Gough St

Date July 12 1908

Place of Burial St. Vincents Cem

Date Aug 14 1908

Undertaker Randell Dippel's Son

Address 330 S. Bond.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C14800 — Registered No. B C14800

# CERTIFICATE OF DEATH.

34

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Berg

{ Residence, if in Baltimore, Give Street and Number. } 43 W. 2 St. Sparrows Point

Duration of Residence in Baltimore. 1 Year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Arizona

FULL NAME OF FATHER: Carl Berg

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Ida Anderson

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Berg

(Address) 43 W. 2 St. Sparrows Pt.

Filed 8/12" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11, 1908

I HEREBY CERTIFY, That I attended deceased from June 25, 1908 to August 11, 1908

that I last saw h[illegible] alive on August 11, 1908,

and that death occurred, on the date stated above, at 1[illegible]5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General tuberculosis

(DURATION) DAYS

Contributory (Primary.) General tuberculosis

(DURATION) DAYS

(Signed) Virginia Wood, Jr. M.D.

Address Union Prot. Inf.

Date August 11, 1908

Place of Burial Mt Carmel Cem

Date 8/13/08 190

Undertaker J. Herring & Son

Address 2008 Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C14801 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 220 W. ~~Hill~~ Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Walton

{Residence, if in Baltimore, Give Street and Number.} 220 W. Lee Street

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Colored |
| DATE OF BIRTH: ——— 1 | |
| AGE: 40 years, — months, — days | |
| SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~: Married | |
| BIRTHPLACE (State or country): Maryland | |
| FULL NAME OF FATHER: Unknown | |
| BIRTHPLACE OF FATHER (State or country): " " | |
| MAIDEN NAME OF MOTHER: " " | |
| BIRTHPLACE OF MOTHER (State or country): " " | |
| OCCUPATION OF DECEASED: Laborer | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Sophie Walton

(Address) 220 W. Lee St.

Filed 8/12" 1908 HARRY O. ANDE... Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 11 1908 that I last saw h— alive on Aug 10 1908, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 2 1/2 DAYS

Contributory (Primary.) Heart Failure

2 D

(DURATION) DAYS

(Signed) C. A. Fowler M.D.

Address 712 S. Steph

Date Aug 12th 1908

Place of Burial Mt. Auburn Cem.

Date Aug. 13 1908

Undertaker John H. Toadvin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C14802 Registered No. B C14802

121

# CERTIFICATE OF DEATH.

(Place of Death.) No. 14 Beverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah McKenna

{Residence, if in Baltimore, Give Street and Number.} 14 Beverly st.

Duration of Residence in Baltimore. ?

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: ? 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. McKenna

(Address) 14 Beverly St

Filed 8/12" 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1908 to Aug 10th 1908 that I last saw him alive on Aug 10th 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyelitis with Nephritis and Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Snyder M.D.

Address 1425 Light St.

Date Aug 10th 1908

Place of Burial Holy Cross Cem. A. A. Co.

Date Aug 13. 1908

Undertaker Daniel and M. G. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14803 Registered No. B .....

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. [illegible] Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Matthews

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 22 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/12" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Aug 10 1908 that I last saw h[illegible] alive on Aug 10 1908, and that death occurred, on the date stated above, at 9 ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion —

..... (DURATION) — DAYS

Contributory (Primary.) Pulmonary Phthisis (DURATION) ..... DAYS

(Signed) D. B. Eaton M.D.

Address Bay View Hosp

Date Aug 11 1908

Place of Burial St Agnes

Date Aug 13" 1908

Undertaker M. S. Field & Co.

Address 213 W Pratt St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C14804 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 215 S. Caroline St. Spring (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Hyman Jacobson

{ Residence, if in Baltimore, Give Street and Number. } 215 S. Spring.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 9th 1908

AGE ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Jacobson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Nicholson

(Address) 215 S. Spring St

Filed 8/12" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1908 to Aug 11, 1908 that I last saw him alive on Aug 11 1908, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Catarrh

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hinder M.D.

Address 1119 E. Baltimore St

Date Aug 12, 1908

Place of Burial Hebrew Boardale

Date Aug. 12, 1908

Undertaker Mary Lennon

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C14805

Registered No. B

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 512, S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Newman

{Residence, if in Baltimore, Give Street and Number.} 512 S. Paca St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Lewis Newman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Ullman

(Address) 512 S. Paca

Filed 8/12" 1908

HARRY O'T ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Aug 11 1908 that I last saw him alive on Aug 11 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) DAYS

(Signed) S. McLimpsin M.D.

Address 602 S. Paca St.

Date Aug 11 1908

Place of Burial Heb Mokam Cemetery

Date Aug 13 1908

Undertaker H. Arents & Co

Address 667 Madison ave

WM. J. C. DULANY CO., B...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C14806 Registered No. B 47

# CERTIFICATE OF DEATH.

(Place of Death.) No. 248 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Fleischmann

{ Residence, if in Baltimore, Give Street and Number. } 248 S. Ann St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | December 9 1908 |
| AGE | — years, 8 months, 2 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | City |
| FULL NAME OF FATHER | Hyman Fleischmann |
| BIRTHPLACE OF FATHER (State or country) | Kovno Russia |
| MAIDEN NAME OF MOTHER | Kronstrug |
| BIRTHPLACE OF MOTHER (State or country) | Kovno Russia |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A A Burdick

(Address) 1806 E. Baltimore St

Filed 8/12" 1908 HARRY C. KNUPP, Registrar

PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 12 1908

I HEREBY CERTIFY, That I attended deceased from August 5 1908 to August 12 1908 that I last saw her alive on August 12 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis

(DURATION) 1 DAYS

Contributory (Primary.) Acute Inflammatory Rheumatism (DURATION) 8 DAYS

(Signed) A A Burdick M.D.

Address 1806 E Baltimore St

Date August 12 1908

Place of Burial Hebrew Herring Run

Date Aug. 13, 1908

Undertaker Mary Lennon

Address 162 W Mc Henry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1480 Registered No. B 8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Pearce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Cook

{Residence, if in Baltimore, Give Street and Number.} 1708 Pearce

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo. Cook

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lilly Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly Green

(Address) 1708 Pierce

Filed 8/12" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Aug 9 1908 that I last saw him alive on Aug 9 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Pertussis

6 months (DURATION) DAYS

(Signed) A. T. Von Schmidt M.D.

Address 1656 W. Fitzwar

Date Aug 11 1908.

Place of Burial Mt Zion Cemetery

Date August 13th 1908

Undertaker Geo. B. Pyse

Address 102 E. Mulberry St.

Funeral Aug 13/08 at 7 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C14808 Registered No. B C14808

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emory Louis Seipp

{Residence, if in Baltimore, Give Street and Number.} 1212 Battery Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 12 1908

AGE: 5 hours ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Seipp

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Liliane Adams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Seipp

(Address) 1213 Battery Ave

Filed 8/13 1908 HARRY C. ANDREW Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 12 1908 that I last saw h alive on Aug 12 1908 and that death occurred, on the date stated above, at 130 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia both

Toxic gestation

..... (DURATION) ..... DAYS

Con'tributory (Primary.) ,

..... (DURATION) ..... DAYS

(Signed) Wm A Stifler M.D.

Address 1409 Light St

Date Aug 12 1908

Place of Burial Western Cem.

Date Aug 13 " 1908

Undertaker E. Harle

Address 115 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14809 Registered No. B

# CERTIFICATE OF DEATH.

145

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Annie Dunlap

{Residence, if in Baltimore, Give Street and Number.} Sutton W. Va

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH — 1 —

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S. — .

BIRTHPLACE (State or country) W. Va

FULL NAME OF FATHER Geo. Dunlap

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. W. P. Newlon

(Address) Sutton. W. Va.

Filed 8/13 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 13 1908 that I last saw h er alive on Aug 12 1908 and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Carcinoma of Gall bladder & ducts (DURATION) DAYS

(Signed) Geo A Strauss Jr M.D.

Address City Hosp.

Date Aug 13 1908

Place of Burial Sutton. W. Va.

Date Aug 13 1908

Undertaker M. Daylett Sons.

Address 17 E. Lee. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C4810 Registered No. B 14810

C4810

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 440 Turner Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Ed. & May Comfort

{ Residence, if in Baltimore, Give Street and Number. } 440 Turner Pl

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 11 1908

AGE: ..... years, about 12 hours. months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Ed Comfort

BIRTHPLACE OF FATHER (State or country): Wilmington Del

MAIDEN NAME OF MOTHER: Mary Sinner

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Comfort.

(Address) 440 Turner Pl.

Filed 8/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 12 1908 that I last saw h alive on Aug 12 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
6 months
(DURATION) DAYS

Contributory (Primary.) Injuries.
(DURATION) DAYS

(Signed) L. A. Richardson M.D.

Address 1112 W. 20th St

Date Aug 13th 1908

Place of Burial St Mary's

Date Aug 13 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14811 Registered No. C C14811

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1153 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 26

Full Name Ida. M. Bayer

Residence, Give Street and Number, 1153 Cleveland St

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: May 22 1872

AGE: 36 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Samuel Shaw

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Mary A. Fantz

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Bayer

(Address) 1153 Cleveland St

Filed 8/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to Aug 12 1908.

that I last saw h[illegible] alive on Aug 11 1908

and that death occurred, on the date stated above, at 12.35 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tubercular Laryngitis

2 Months

(DURATION) DAYS

Contributory (Primary) Phthisis

Pulmonalis (DURATION) DAYS

(Signed) J. M. Lungren M. D.

Address 602 N. Paca St.

Date Aug 12 1908

Place of Burial Loudon Park Cem

Date August 14 1908

Undertaker Jos. Loesdens. Son

Address 217 S. Paca

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C14812 Registered No. B C14812

C14812

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1117 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cora Cephas

{Residence, if in Baltimore, Give Street and Number.} 1117 N. Calhoun St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 7 — 1888

AGE 20 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Cephas

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Martha Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Cephas

(Address) 1117 N. Calhoun St

Filed 8/13 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug. 12 1908

that I last saw her alive on Aug 7 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 240? DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. B. Hughes M.D.

Address 1413 Druid Hill Ave

Date Aug 13 1908

Place of Burial Mt Auburn

Date Aug 14th 1908

Undertaker Hammond Lee Mangold

Address 1364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14813

C14813

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 704 N. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Helen C. Wagner

{ Residence, if in Baltimore, Give Street and Number. } 704 N. Bond st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 30 1907

AGE: 1 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry F. Wagner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Meads

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Wagner

(Address) 704 N. Bond st

Filed 8/13 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 12 1908

that I last saw he alive on Aug 12 1908

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

Acute Hypostatic Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Bronchial Asthma (DURATION) 1 DAY

(Signed) Alvin B. Lehman M.D.

Address 742 N. Patterson Park Ave

Date Aug 13 1908

Place of Burial London Park Cemetery

Date Aug 14 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 14814 Registered No. B [illegible] 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2558 Hollins St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn Frances Smith.

{Residence, if in Baltimore, Give Street and Number.} 2558 Hollins St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH April 2nd, 1907

AGE 1 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Glanes E. Smith

BIRTHPLACE OF FATHER (State or country) A.A.Co. Md.

MAIDEN NAME OF MOTHER Annie Bradenkoff

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Glanes E. Smith

(Address) 2558 Hollins St

Filed 8/13 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10. 1908 to Aug 11 1908 that I last saw h e alive on Aug 11 1908, and that death occurred, on the date stated above, at 5.45 P M. CAUSE OF DEATH (Secondary or Immediate)

Ex Laudanum

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) Watwell M.D.

Address 1550 Fredk ave

Date Aug 12 th 1908

Place of Burial Western Cem

Date August 13 1908

Undertaker J W B Cook

Address 1003 N Bacon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 14815

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Kathleen~~ Kathaleen Speckles

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH July 14 1908

AGE ..... years, ..... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/13/1908 HARRY C. ANDREWS, FERRET CLERK. Registrar

Harris

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 11 1908

that I last saw her alive on ..... 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carlton St

Date Aug 12 1908

Place of Burial New Cathedral

Date Aug. 13 1908

Undertaker Sadler Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14816 Registered No. B C14816

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Myers

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 27 1908

AGE ..... years, ..... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 8/13 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 12 1908 that I last saw her alive on ..... 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E S Hayward M.D.

Address 1330 N Carlton St

Date Aug 12 1908

Place of Burial Our Cathedral

Date Aug 13 1908

Undertaker Martin Fahy & Sons

Address 6 & E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14817 Registered No. B C14817

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Morgan

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 25 1908

AGE ..... years, ..... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/13/08 1908. HARRY C. ANDREWS, PERMIT CLERK, Registrur

H.A.M.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 11 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Est Hayward M.D.

Address 1230 N Carlton St

Date Aug 12 1908

Place of Burial New Cathedral

Date Aug 13 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C14818

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Berger

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asy.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
|---|---|---|
| SEX F | COLOR Col. | DATE OF DEATH Aug 4 1908 |
| DATE OF BIRTH 1 | | I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 4 1908 that I last saw her alive on " 4 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate) Premature Birth |
| AGE ..... years, 9 months, ..... days | | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | | |
| BIRTHPLACE (State or country) | | |
| FULL NAME OF FATHER | | |
| BIRTHPLACE OF FATHER (State or country) | | |
| MAIDEN NAME OF MOTHER | | |
| BIRTHPLACE OF MOTHER (State or country) | | |
| OCCUPATION OF DECEASED | | (DURATION) ..... DAYS |
| | | Contributory (Primary.) |
| | | (DURATION) ..... DAYS |
| | | (Signed) E. Stanley Ward M.D. |
| | | Address 1230 N Caroline St |
| | | Date Aug 12 1908 |
| | | Place of Burial New Cathedral |
| | | Date Aug 13 1908 |
| | | Undertaker Martin Fahey & Sons |
| | | Address 606 Lafayette Ave |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 8/13/08. HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. Lane.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 14819 Registered No. B 139

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital (Maternity) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Morris.

{ Residence, if in Baltimore, Give Street and Number. } 1114 E Carroll St.

Duration of Residence in Baltimore. 16 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert Morris

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Martha J. Harman

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 120 W. Lombard

Filed 8/13/8 Geo. HARRY C. ANDERSON, PERMIT CLERK, Registrar

H. Anw.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1908 to Aug. 11th 1908 that I last saw h-r alive on Aug 11 1908, and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 2 DAYS

Con'tributory (Primary.) Pregnancy

9 Mo. (DURATION) DAYS

(Signed) G. H. Richard M.D.

Address University Hospital

Date Aug. 11th 1908

Place of Burial Loudon Park

Date Aug. 14th 1908

Undertaker John J. Fields

Address 120 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4 C14820 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 744 Waesche St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman A. Thornton

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 26 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk.

DATE OF BIRTH: Nov. 18 1879

AGE: 28 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Preston Thornton

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Kate Floyd.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Thornton

(Address) 744 Waesche St

Filed 8/13/08 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13, 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Aug 13 1908

that I last saw h[illegible] alive on Aug 13 1908,

and that death occurred, on the date stated above, at 9 [illegible] M. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Epithelioma

Chronic Debility

one (DURATION) DAYS

Contributory (Primary.) Pulmonary

Phthisis (DURATION) 10 DAYS

(Signed) H. D. Fokes M.D.

Address Bay View Hospital

Date Aug 13 1908

Place of Burial Samuel Cent

Date Aug 14th 1908

Undertaker Alex Hemsley

Address 518 So Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. Registered No. C 14821

Ward 5

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Levering House Fayette & Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Orme

Residence, Give Street and Number Levering House Fayette & Front St

Duration of Residence in Baltimore, Died Here

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Don't know |
| AGE | 60 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Don't know |
| BIRTHPLACE (State or county) | Don't know |
| FULL NAME OF FATHER | " " |
| BIRTHPLACE OF FATHER (State or county) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or county) | " " |
| OCCUPATION OF DECEASED | " " |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Reinhardt M.D. Coroner for Coroner Riley

(Address) Central District

Filed 8/13/08 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

H.A.W.

Remarks Body at the morgue city to bury Cash

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 28 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) H. W. Reinhardt M. D. Coroner

Address

Date Aug 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 13 1908 190

Undertaker Commissioner H...

Address Per. Wm. E. WOOD...

ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1579

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 14822

77

# CERTIFICATE OF DEATH.

(Place of Death.) No. Yard of University of Maryland St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Chaney c

Residence, Give Street and Number, 223 Saratoga St.

Duration of Residence in Baltimore, Don't know

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH Don't know

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Don't know

BIRTHPLACE (State or county) " "

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Glynn

(Address) City Morgue Lafayette

Filed 8/13/08 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

Remarks Body at the morgue city to Hours

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 4 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner

Date Aug. 12 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 13 1908 1908

Undertaker Commissioner [illegible]

Per. Wm. E. WOOD[illegible]

Address

FOR ANATOMICAL PURPOSES

Ward 2 C14823 Registered No. B C14823

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walenty Zborowski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: May 31 1908

AGE: ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Zborowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anastazya Fogolin

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Anastazya Zborowski

(Address) 1711 Lancaster st

Filed 8/13/08 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

T. Ann

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1908

I HEREBY CERTIFY, That I attended deceased from August 9 1908 to August 9 1908 that I last saw him alive on August 9 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 4 DAYS

Contributory (Primary.) Convulsions (DURATION) 6 DAYS

(Signed) S. J. Szuwalski M.D.

Address 713 Bank St

Date August 12 1908

Place of Burial Holy Rosary.

Date Thursday Aug 13" 1908

Undertaker W. F. Gadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 14824

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. Hennessis Packing House. ft. of Jackson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Hartline

Residence, Give Street and Number, Home.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Dont know

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Michael Hartline

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or county): Dont know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hartline (son)

(Address) 1945 Lansdowne St

Filed 8/13/08 190

HARRY C. ANDERSON
PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 11 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 11.45 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Brights Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner

Date August 12 1908

Place of Burial St. Alphonsus.

Date Aug. 13 1908

Undertaker Wm Cook

Address 622 E Hurlock

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14825

Ward 10 C14825 Registered No. B 1v

# CERTIFICATE OF DEATH.

(Place of Death.) No. 112 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Richards

{Residence, if in Baltimore, Give Street and Number.} 112 N. Dallas st

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR mulatto

DATE OF BIRTH Nov 1904

AGE ..... years, 9 months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jacob Richards

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Hattie Williams

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura V. Williams

(Address) 112 N Dallas

Filed 8/13/08 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. A. W.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Aug 12 1908 that I last saw h alive on 12 1908 and that death occurred, on the date stated above, at 9.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 21 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Aug. 12 1908

Place of Burial Laurel

Date August 13 1908

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th

HEALTH DEPARTMENT, City of Baltimore.

C14826
C14826

Registered No. C 154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 W. Lanvale St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Lusby

Residence, Give Street and Number, 1043 W. Lanvale St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH June 7th 1825

AGE 83 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Baltimore, Md

FULL NAME OF FATHER John Hoffman

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Margaret Peterson

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie L. Sandy

(Address) 1128 Madison Ave.

Filed 8/13/08 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

H. Andrews.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to Aug. 12 1908

that I last saw h-e alive on Aug. 12 1908

and that death occurred, on the date stated above, at 4-30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Old age

(DURATION) 42 DAYS

Contributory (Primary) Heart and general exhaustion (DURATION) 42 DAYS

(Signed) E. E. Hoffman M. D.

Address 702 W. Fayette St

Date August 12th 1908

Place of Burial New Cathedral Cem

Date August 14th 1908

Undertaker New Jenkins Home Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C14827 ... Registered No. B ...

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 617 W. Montgomery St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joseph R. Mason

{ Residence, if in Baltimore, Give Street and Number. } 617 W. Montgomery

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH ... 1 ...

AGE ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Sivon Mason

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Bertha Johnson

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Mason

(Address) 617 Montg St

Filed 8/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ... Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 12 1908

that I last saw h... alive on Aug 11 1908

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) ... DAY

Contributory (Primary.) Malnutrition

(DURATION) ... DAY

(Signed) H. C. McCaul M.D.

Address 136 W Hill

Date Aug 13 08 1908

Place of Burial Laurel Cem

Date Aug 13 1908

Undertaker Hayes & Adams

Address 1606 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14828

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. off Chase Bkg Launch Geng Newn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Giles Gaber

{ Residence, if in Baltimore, Give Street and Number. } 806 S Broadway

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 33 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Baltimore

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Baltimore

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Seaman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/13/08 190.....

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190..... to — 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Sudlin Comr M.D.

Address 320 ½ Greene St.

Date ..... 190.....

Place of Burial Balto Gen—

Date Aug 13 1908

Undertaker C.H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. C14829 Registered No. B 14829

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 William St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward T Joyce

{ Residence, if in Baltimore, Give Street and Number. } 1122 William St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward T. Joyce

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Molly Hall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward T. Joyce

(Address) 1122 Williams St

Filed 8/13/08 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Ham.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 12 1908

that I last saw h alive on Aug 12 1908

and that death occurred, on the date stated above, at 6 a m.

M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal Surgery

(DURATION) 5 DAYS

Contributory (Primary.) Septicemia (DURATION) 1 DAYS

(Signed) Edwin Gill M.D.

Address 617 Saratoga

Date Aug 13 1908

Place of Burial Balto. Cem.

Date August 14th 1908

Undertaker John I Gorman & Son

Address 900 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 14830

C14830

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 325 So Stigh St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Stiss

Residence, Give Street and Number, 325 So Stigh St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH May 17th 1906

AGE 2 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER Samuel M. Stiss

BIRTHPLACE OF FATHER (State or county) Bucks Co

MAIDEN NAME OF MOTHER Louisa Lockbode

BIRTHPLACE OF MOTHER (State or county) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Stiss

(Address) 325 So Stigh St

Filed 8/13/08 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

H. A. W.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 13th 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to Aug 13 1908

that I last saw her alive on Aug 13 1908

and that death occurred, on the date stated above, at 9 a M.

CAUSE OF DEATH (Secondary or Immediate,)

diarrhea. Enteritis

Marasmus

(DURATION) 19 DAYS

Contributory (Primary) Pertussis

(DURATION) 20 DAYS

(Signed) M Schlieder M. D.

Address 3314 E Baltimore St

Date August 13th 1908

Place of Burial Loudon Park Cem

Date Aug 14th 1908

Undertaker Geo M. Funk

Address 811 N. Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C 14831

# CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 2236 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zachariah Dock

Residence, Give Street and Number, 2236 E Oliver St

Duration of Residence in Baltimore, 40 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Aug 11" 1830

AGE 78 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Zachariah Dock

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Neville

(Address) 2236 E Oliver St

Filed 8/13/08 1908

HARRY O. ANDREWS
Registrar.
PERMIT CLERK.

Remarks Hart.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to Aug 11 1908

that I last saw him alive on Aug 11 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 7 mos.

Contributory (Primary)

Old age (DURATION) DAYS

(Signed) E W Delchamp M. D.

Address 2250 E Hoffman St

Date Aug 12 1908

Place of Burial St Johns. Cemetery Westminster Md Carroll Co.

Date Aug 14" 1908

Undertaker Geo M. Frank

Address 811 N Wolfe St

Ward 14 Registered No. B C14832

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Lusby

{ Residence, if in Baltimore, Give Street and Number. } 612 Falls Road Terrace, Roland Park.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John L Lusby

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Helen Padugzi

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie J Lusby

(Address) Halbrook

Filed 8/13/08 190

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12, 1908

I HEREBY CERTIFY, That I attended deceased from August 8, 1908 to August 12, 1908

that I last saw h alive on August 12 1908,

and that death occurred, on the date stated above, at 9 47 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) 4 DAYS

Contributory (Primary.) Appendicitis & gener-al peritonitis (DURATION) 6 DAYS

(Signed) Virginia Wood, Jr. M.D.

Address Union Prot. Inf.

Date August 12, 1908

Place of Burial Loudon Park.

Date Sat Aug 15 1908

Undertaker H. E. HUGHES.

Address 17 & 27 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14833

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1020 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Morris

{Residence, if in Baltimore, Give Street and Number.} 1020 Whatcoat St

Duration of Residence in Baltimore 5 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: Jan 1 18[illegible]

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: George Washington

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1020 Whatcoat st

Filed 8/13/08 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

H. Andrews

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Aug 12 1908

that I last saw h[illegible] alive on Aug 11 190[illegible]

and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac & Respiratory Failure (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 months

To the best of my knowledge.

(Signed) Wm. H. Hedrick M.D.

Address 1373 N. Carey St

Date Aug. 12 1908

Place of Burial Mt. Auburn Cem.

Date Aug 14 1908

Undertaker Robert L. Parham

Address 1213 Parrish st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1016 Hanover St. St.

If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Weber

{ Residence, if in Baltimore, Give Street and Number. } 1016 Hanover St.

C 14834

Duration of Residence in Baltimore. 55 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 25th 1837

AGE: 70 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: John L Knapp

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Catherine Foechel

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Weber

(Address) #1016 Hanover st

Filed 8/13/08 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908.

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Aug 13 1908.

that I last saw h alive on Aug 13 1908.,

and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) DAYS

Contributory (Primary) Typhoid Fever.

(DURATION) DAYS

(Signed) C. Baldwin M.D.

Address 603 S. Shepherd St.

Date Aug 13 1908

Place of Burial Loudon Park Cem

Date Aug 15th 1908

Undertaker E. Schlosman & Son

Address 1031 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14835 Registered No. B 81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 539 Robert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charlotte A Frisby

{Residence, if in Baltimore, Give Street and Number.} 539 Robert St

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: J H Dorsey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Charlotte Dorsey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B A Frisby

Address 037 Roberts St.

Filed 8/13/08 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

H. A. M.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augst 12 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to Augst 12 1908

that I last saw h er alive on Augst 11 1908

and that death occurred, on the date stated above, at 8 1/2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

(DURATION) 6 DAYS

Con'tributory (Primary) Aortic

Aneurism (DURATION) 5 Years

(Signed) John S Stuck M.D.

Address 647 W Lafayette Av

Date 647 W Lafayette Av 1908

Place of Burial Mt Auburn Cem

Date August 14 1908

Undertaker Felix B Pyle

Address 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

C14836

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 N Lafayette Ave. St. (If Death occurred Hospital or Institution give its Name Instead of Street and Number)

Full Name Elizabeth Hamburger

{ Residence, if in Baltimore, Give Street and Number. } 2014 N Lafayette Ave

Duration of Residence in Baltimore. 26 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 15 July 1848

AGE: 60 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Brand

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred J Hamburger

(Address) 2014 N Lafayette Ave

Filed 8/13" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 12 1908 190

I HEREBY CERTIFY, That I attended deceased from July 1907 to August 12 1908 that I last saw her alive on August 12 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insufficiencia valvular mitralis
Stenosis aortae. Ascites.
Enlargement of the left ventricle.

(DURATION) 3 Years.

Contributory (Primary.)

(DURATION) DA

(Signed) A. K. A. Mayer M.

Address 1618 Madison Ave

Date VIII. 13. 1908. 190

Place of Burial Cathedral Cemetery

Date Aug 14/1908 190

Undertaker Lowe Coat

Address 3628 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C14837 Registered No. B

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Reinkewicz

{Residence, if in Baltimore, Give Street and Number.} 324 S. Wolfe St

Duration of Residence in Baltimore. Life C14837

## PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Reinkewicz

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Annie Kasprowicz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Reinkewicz

(Address) 324 S. Wolfe St

Filed 8/13" 190 8 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 230 a. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Carullen M.D.

Address Coroners Dep

Date Aug 13 08 190

Place of Burial Holy Rosary

Date Friday Aug 14" 190 8

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C14838

Registered No. B 103

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 Lancaster St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hetmanska

{ Residence, if in Baltimore, Give Street and Number. } 1609 Lancaster St

Duration of Residence in Baltimore. 17 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nove 29 1854

AGE 53 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Hetmanska

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Brouer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pete Hetmanski

(Address) 1609 Lancaster St

Filed 8/14 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1908 to Aug 12 1908

that I last saw h.. alive on Aug 12 1908,

and that death occurred, on the date stated above, at 1

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wachter M.D.

Address 1600 Bandy

Date Aug 13 1908

Place of Burial St Stanislaus

Date Aug 14 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 C14839 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 808 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Grocki

{Residence, if in Baltimore, Give Street and Number.} 808 S. Bond St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov 17 1907

AGE ..... years, 10 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank Grocki

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Grocki

BIRTHPLACE OF MOTHER (State or country) Pola

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Grocki

(Address) 808 S Bond St

Filed 8/14 1908

HARRY C. ANDREAE, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to May 12 1908

that I last saw h— alive on May 12 1908,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Newton M.D.

Address 16 S Bond

Date May 13 1908

Place of Burial St. Stanislaus

Date Aug 14 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 14840 Registered No. B 61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Allen St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Jas. J. Ryan

{Residence, if in Baltimore, Give Street and Number.} 1414 Allen st

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 30th 1907

AGE: 1 years, 2 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James F Ryan

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Laura E Nash

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T Ryan

(Address) 1414 Allen st.

Filed 8/14/08 190. HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from 11 Wks ago to Aug 12 1908

that I last saw h[illegible] alive on Aug 12 1908,

and that death occurred, on the date stated above, at 9:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 11 Wks DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 3 DAYS

(Signed) E. D Elles M.D.

Address 915 Light st

Date Aug 13 1908

Place of Burial Mount Olivet

Date Aug 14th 1908

Undertaker Jos. Stinteleck

Address 818 Light st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C14841 Registered No. D 146

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hazel M Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: July 31, 1907

AGE: 1 years, months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13, 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to Aug. 11 1908 that I last saw h alive on Aug. 11 1908, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 3 mos. DAYS

Contributory (Primary.) Rickets 10 mos.

(DURATION) 7/12 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Aug. 14 1908

Place of Burial Cathedral Cemetery

Date Aug. 15th 1908

Undertaker Felix B. Pyse

Address 102 E. Mulberry St.

WM. J. O'DELANY & CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 14842

C14842

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Briggs C

Residence, Give Street and Number, 214 W. Chase St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH Don't know

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or county) .. ..

MAIDEN NAME OF MOTHER .. ..

BIRTHPLACE OF MOTHER (State or county) .. ..

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Briggs C wife

(Address) 214 W Chase St

Filed 8/14/08 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks Hand

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 12 190 8

I HEREBY CERTIFY, that I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis
Accidental Death
Injured about legs & abdomen by caving in of dirt in sewer ca Eight & Greenmount Ave (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) H. W. Reinhardt M. D.

Address Coroner

Date Aug 13 190 8

Place of Burial Mt Auburn Cemetery

Date Aug 14 190 8

Undertaker R. A. Elliott

Address 506 Rogers Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C14843 Registered No. B 120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ellen Griffin

{Residence, if in Baltimore, Give Street and Number.} 118 N. Dallas

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX Female | COLOR Black |
| DATE OF BIRTH | 1840 |
| AGE | 68 years, ✓ months, ✓ days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Dont Know |
| BIRTHPLACE OF FATHER (State or country) | .. .. |
| MAIDEN NAME OF MOTHER | .. .. |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | House Work |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Curry

(Address) 118 N. Dallas.

Filed 8/14/08 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

Harw.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1908

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to Aug 11 1908

that I last saw her alive on ..... 190.. 8,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Bright's

Disease (DURATION) 60 DAYS

(Signed) Jacob L. Wimmer M.D.

Address 30 S. B'dway

Date Aug. 11th 1908

Place of Burial Cedar Grove

Date August 14 1908

Undertaker C. A. Elliott

Address 502 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

56

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Chandler

{ Residence, if in Baltimore, Give Street and Number. } —

C 14844

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 70 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 8/14 190 8 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 190 8 to Aug 13 190 8 that I last saw h alive on Aug 13 190 8, and that death occurred, on the date stated above, at 1 ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Epithelioma —

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Alcoholism (DURATION) — DAYS

(Signed) R. H. Taber M.D.

Address B. V. H.

Date Aug 13, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 13 1908 190 ....

Undertaker G. L. Hurley

Address 981 N. Broadway

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

16)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14845 Registered No. B ..... 120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 5 11 S. Fulton Ave ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George James Sweetman

{ Residence, if in Baltimore, Give Street and Number. } 5-11 S. Fulton ave

Duration of Residence in Baltimore. 6 yrs

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 12th 1861 |
| AGE | 46 years, 8 months, 1 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | N. York City |
| FULL NAME OF FATHER | Richard Sweetman |
| BIRTHPLACE OF FATHER (State or country) | N. Y City |
| MAIDEN NAME OF MOTHER | Mary McGlinchy |
| BIRTHPLACE OF MOTHER (State or country) | N. York City |
| OCCUPATION OF DECEASED | Bricklayer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sweetman

(Address) 5-11 S. Fulton Ave

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1908 to Aug 13th 1908

that I last saw h~~im~~ alive on Aug 13th 1908

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Con'ributory (Primary.) Parenchymatous nephritis (DURATION) 3 DAYS

(Signed) W O Baney M.D.

Address 1108 E. Fulton ave

Date Aug 13th 1908

Place of Burial London Park Cem-

Date Aug 15th 1908

Undertaker Geo. W. Riddlemoser

Address 515 S. Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

C 14846

Registered No. C 119

# CERTIFICATE OF DEATH.

(Place of Death.) No. 625 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Edward Vance

Residence, Give Street and Number, 625 W. Biddle St

Duration of Residence in Baltimore, 4 1/2 y

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH December 21th 1828

AGE 79 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER William Thomas Vance

BIRTHPLACE OF FATHER (State or county) Pennsylvania

MAIDEN NAME OF MOTHER Emma Goodman

BIRTHPLACE OF MOTHER (State or county) Baltimore County

OCCUPATION OF DECEASED Master.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret L. Vance

(Address) 625 W. Biddle St.

Filed Aug 14th 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks Han.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 12th 1908 to Aug 13th 1908

that I last saw him alive on Aug 12th 1908

and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

Dropsy & Asthma

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T McCaulley M. D.

Address 636 W Franklin St

Date Aug 13th 1908

Place of Burial New Cathedral

Date Aug 16 1908

Undertaker Frm Cook.

Address 526 North Ave.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2222 Canton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Warnecke

{ Residence, if in Baltimore, Give Street and Number. } # 2222 Canton Av.

C 14847

Duration of Residence in Baltimore. Twenty-six years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henery Warnicke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Warnicke

(Address) 2222 Canton Av

Filed 8/14/08 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Wm

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1908 to Aug. 13 1908 that I last saw him alive on Aug. 13 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac disease

about 2 years (DURATION) ~~DAYS~~

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St.

Date Aug. 13 1908.

Place of Burial Swartzs Cem.

Date Aug 16 1908

Undertaker Wm Cook.

Address 922 E North Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 14848 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin Crawford

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH 1908

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 8/14/08. HARRY C. [illegible] CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 12 1908, that I last saw h[illegible] alive on [illegible] 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Aug 13 1908

Place of Burial Greenmount Cemetery

Date Aug 14 1908

Undertaker Murphy Cathedral

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14849 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Henry Spencer

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH July 23 1908

AGE ..... years, ..... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 8/14/08 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 12 1908

that I last saw h im alive on .. " .. 1908,

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Carlton St

Date Aug 13 1908

Place of Burial Cath Cathedral

Date Aug 14 1908

Undertaker Martin Tabler & Sons

Address 600 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C 14850

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Titchner

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W |
| DATE OF BIRTH | 1 |
| AGE | 43 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | S |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Bricklayer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Laura Holyday, BAY VIEW ASYLUM.

(Address) .....

Filed 9/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 13 1908

that I last saw h[illegible] alive on Aug 13 1908,

and that death occurred, on the date stated above, at 5 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) H. H. Baker M.D.

Address Bay View Hosp.

Date Aug 13 1908

Place of Burial London Park.

Date Aug. 15, 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 14851 Registered No. B ..... 113

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Durall

{ Residence, if in Baltimore, Give Street and Number. } 1535 Eden St. Balt Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 23 1834

AGE: 74 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hamilton Duval.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary C. Kennedy

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Pattern Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Gross.

(Address) 810 N. Monroe St.

Filed 8/14/08 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1908.

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 13 1908 that I last saw h im alive on Aug 13 1908, and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(3 days) (DURATION) 3 DAYS

Contributory (Primary.) Pneumonia, Gall stone

Unknown (DURATION) — DAYS

(Signed) L. R. Zeltites M.D.

Address Md Homeop. Hospital

Date Aug. 13 1908

Place of Burial Greenmount Cemetery

Date Aug 15, 1908 190

Undertaker Geo. Small & Co.

Address 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 14852 Registered No. B 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 11 1400 W. Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Eliza Griffin

{ Residence, if in Baltimore, Give Street and Number. } Age of Women's Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W'H

DATE OF BIRTH Year 1831

AGE 77 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Jacob Shaffner.

BIRTHPLACE OF FATHER (State or country) Reading Pa.

MAIDEN NAME OF MOTHER Phoebe Weaver

BIRTHPLACE OF MOTHER (State or country) Frederick Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen J. Jones

(Address) Aged Home.

Filed 8/14/08 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 13 1908

that I last saw her alive on Aug 13 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) D

Contributory (Primary.) Asthenia

(DURATION) D

(Signed) W. L. Norwood M.

Address 739 W. Fayette

Date Aug 13 1908

Place of Burial Greenmount Cem.

Date Sat. Aug 15. 08 1908

Undertaker Geo. B. Smith & Co

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C14853

# CERTIFICATE OF DEATH. 61

(Place of Death.) No. 3 Merryman Laine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Stella Gaskins

{Residence, if in Baltimore, Give Street and Number.} 3 Merryman Lane

Duration of Residence in Baltimore. 4 years and tin months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Alford Gaskins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hattie Wood

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alford

(Address) 3 Merryman Lane

Filed 8/14/08 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1908

I HEREBY CERTIFY, That I attended deceased from 2 PM Aug 12 1908 to 12 M Aug 13 1908, that I last saw ... alive on Aug 12 190..., and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) ... DAYS

Contributory (Primary.) Meningitis.

(DURATION) ... DAYS

(Signed) S. H. Streett M.D.

Address Md Gen'l Hospital

Date Aug 13 1908

Place of Burial Lancaster Co Va

Date Aug 15th 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 14854 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 Jackson — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Marguerite Rosenthal

{Residence, if in Baltimore, Give Street and Number.} 1803 Jackson St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 24 1884

AGE 24 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Herman Rosenthal

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie M Schleicher

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Herman Rosenthal

(Address) 1803 Jackson

Filed 8 14 1908

HARRY C. J. ANDREAE, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Aug 11 1908

that I last saw h alive on Aug 11 1908

and that death occurred, on the date stated above, at 6 m

I, CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

Typhoid 2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Hamm Jr M.D.

Address 835 Lyndhurst

Date Aug 14 1908

Place of Burial Mt Olivet Cemetery

Date Aug 14 1908

Undertaker Wm Devlin's New Sons

Address Caroline & Pitt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

172

# CERTIFICATE OF DEATH.

Registered No. B C14855

City of Baltimore, (No. 1213 Patterson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Clark

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | Feb 14 1838 (Month) (Day) (Year) |
| AGE | 70 years, 6 months, 0 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widowed |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Richard Clark |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Mary Slatter |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Sparks

(Address) 1213 Patterson ave

Filed 8/14/08 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 14 1908 that I last saw h alive on Aug 14 1908, and that death occurred, on the date stated above, at 5 a. M. The CAUSE OF DEATH was as follows:

Cirrhosis of the Liver

4 Months. (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 30 DAYS

(Signed) O N Duvall M. D.

8/14 1908 (Address) 1267 Mount St

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| | |
|---|---|
| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| London Park | Aug 16 1908 |
| UNDERTAKER | ADDRESS |
| Geo. Weber | 115 S. Carey St |

N. Ave.

Ward 11 C14856 Registered No. C

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 875 N. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Drek.

Residence, Give Street and Number, 875 N. Howard St

Duration of Residence in Baltimore, 50 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH June 29 1834

AGE 73 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Caspar Kind

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Sophia Betz

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A. Drek

(Address) 875 N. Howard St

Filed 8/14/08 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

Frank

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 13th 1908 to Aug 14th 1908

that I last saw h.. alive on Aug 13th 1908

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

a Chronic Nephritis.

Dysentry & Asthma

(DURATION) DAYS

Contributory (Primary) Ague.

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Aug 14th 1908

Place of Burial Mt Olivet

Date 8/17 1908

Undertaker Wm J. Schilling

Address 948 Pappleton St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14857

City of Baltimore, (No. 2010, Brunt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Johnson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): usa

FULL NAME OF FATHER: Jacob Johnson

BIRTHPLACE OF FATHER (State or country): usa

MAIDEN NAME OF MOTHER: Matilda Actors

BIRTHPLACE OF MOTHER (State or country): usa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Johnson

(Address) 2010 Brunt St

Filed 8/14/08 190 HARRY G. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augt (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Augt 14 1908 that I last saw her alive on aug 14 1908, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 15 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W K Formwalt M. D.

8-14- 1908 (Address) 207 N. Liberty

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: aug 15 1908

UNDERTAKER: Wm J. Johnson — ADDRESS: 611 Baker

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14858

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 225½ N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant ♀ Wm & Alice Boyd

{Residence, if in Baltimore, Give Street and Number.} 225½ N. Mount St.

Duration of Residence in Baltimore. all life

C14858

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, ..... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Boyd

BIRTHPLACE OF FATHER (State or country): ~~Md~~

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Boyd

(Address) 225½ N Mount St

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 13 1908

that I last saw h~~e~~r alive on Aug 13 1908,

and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Aug. 13 1908.

Place of Burial Mt Auburn

Date Aug. 14 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. C14859

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2436 Ettings St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cephas B. Smith

{Residence, if in Baltimore, Give Street and Number.} 2436 Ettings St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Col |
| DATE OF BIRTH | July 17th 1907 |
| AGE | 1 years, 0 months, 26 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. |
| FULL NAME OF FATHER | Clifton Smith |
| BIRTHPLACE OF FATHER (State or country) | Va. |
| MAIDEN NAME OF MOTHER | Mary Cole |
| BIRTHPLACE OF MOTHER (State or country) | Balto. |
| OCCUPATION OF DECEASED | Child |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 2436 Ettings St

Filed 8/14/08 1908 W. C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1908 to Aug 13th 1908 that I last saw him alive on Aug 13 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Funk M.D.

Address 1313 N. North Ave

Date Aug 13th 1908

Place of Burial Cut grin

Date aug 14 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 — Registered No. B C14860

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 29 Druid ave Woodbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman E. Jiggetts

{Residence, if in Baltimore, Give Street and Number.} 29 Druid ave

Duration of Residence in Baltimore. about 15 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 5 th 1906

AGE 2 years, months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wm H. Jiggetts

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sarah E. Arrington

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Jiggetts

(Address) 29 Druid ave

Filed 8/14/08 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Ham

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 15th 1908

that I last saw h in alive on Aug 13th 1908,

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hepatitis

Dropsy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Fallsway

Date Aug 17th 1908

Place of Burial Pohick Church Fairfax County Virginia

Date aug 15th 1908

Undertaker Wm Ashenfelter & Sons

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7 — Registered No. C 14861 — 92

# CERTIFICATE OF DEATH.

(Place of Death.) No. 545 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Davis

Residence, Give Street and Number, 545 Oxford St

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male — COLOR: colored

DATE OF BIRTH: 1

AGE: years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Balto. md

FULL NAME OF FATHER: Leton Davis

BIRTHPLACE OF FATHER (State or county): N. C.

MAIDEN NAME OF MOTHER: Lottie Burden

BIRTHPLACE OF MOTHER (State or county): N. C

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lem Davis

(Address) 545 Oxford St

Filed 8/14/08 190

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 12th 1908 to Aug. 12th 1908 that I last saw him alive on Aug 12th 1908 and that death occurred, on the date stated above, at 2 a M.

CAUSE OF DEATH (Secondary or Immediate,)

Broncho Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Humidity

(DURATION) DAYS

(Signed) A. Lee Ellis M. D.

Address 922 Madison Ave

Date Aug. 14, '08. 190

Place of Burial Mt Auburn

Date Aug 14 1908

Undertaker Hayes & Adams

Address 1006 Penna ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1504 N Port St

Full Name Eveline Dorthy Gwbert. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } 1504 N Port St

Duration of Residence in Baltimore. all of Life

C14862

**PERSONAL AND STATISTICAL PARTICULARS**

SEX female | COLOR white

DATE OF BIRTH June 13 1908

AGE ..... years, 2 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER John Gwbert.

BIRTHPLACE OF FATHER (State or country) Balt.

MAIDEN NAME OF MOTHER Margaret Strand.

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Strand

(Address) 1504 Port St

Filed Aug 14 1908

HARRY C. ... PERMIT CLERK.

Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 13 1908

that I last saw h[illegible] alive on Aug 13 1908,

and that death occurred, on the date stated above, at 8 ..... M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Geo J Gorman M.D.

Address 1235 N Broadway

Date Aug 14 1908

Place of Burial Loudon Park Cem

Date Aug 15 1908

Undertaker W J Pickner & Sons

Address Canden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 27 C 14863 Registered No. C

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 729 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Collis & Mary Brink

Residence, Give Street and Number, 729 S. Charles St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH August 13 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Collis Brink

BIRTHPLACE OF FATHER (State or county) Kentucky

MAIDEN NAME OF MOTHER Mary Hart

BIRTHPLACE OF MOTHER (State or county) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Collis Brink (father)

(Address) 729 S Charles St

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary) ...

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner

Date August 14 1908

Place of Burial Loudon Hill

Date Aug 14th 1908

Undertaker J. C. D. Sternbeck

Address 318 Light St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 C. 14864 Registered No. C ..... 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Kehoe

Residence, Give Street and Number, 1432 N. Bond

Duration of Residence in Baltimore, ~~Life~~ 50 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR W

DATE OF BIRTH Mar 17 1830

AGE (78) 77 years. — months, — days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Dalton

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Sweeney

(Address) 1432 N. Bond

Filed 8/14/08 190 HARRY O. ANDREWS Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from August 3rd 1908 to August 13th 1908

that I last saw h[illegible] alive on 10 A.M. August 13th 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

After a duration of

16 days.

(DURATION) ~~DAYS~~

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Wilmer Brinton M. D.

Address Lealvert & Preston Sts.

Date August 14th 1908.

Place of Burial Holy Cross

Date July 15 1908

Undertaker Robt J Sweeney

Address 1424 Broadway

Remarks 17 ans.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14865

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Fourth Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia M. Baker

{Residence, if in Baltimore, Give Street and Number.} #509- 4th Ave.

Duration of Residence in Baltimore. 6 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: white |
| DATE OF BIRTH: August 4 1826 | |
| AGE: 82 years, — months, 10 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | John Hutson |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Sallie O'dell |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. C. Baker

(Address) 509- 4th Ave

Filed 8/14/08 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 7 190 8 to Aug 14 190 8

that I last saw her alive on Aug 7 190 8,

and that death occurred, on the date stated above, at 6.45 M.

CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr Smith M.D.

Address 206 - 3 Ave

Date Aug 14th 190 8

Place of Burial Mardi chapel Randallstown. Md.

Date August 15- 190 8

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C14866

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1735 Fairmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvia Milliman

{Residence, if in Baltimore, Give Street and Number.} 1735 Fairmount Av

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 1 1908

AGE: ..... years, ..... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Milliman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Weiner

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Milliman

(Address) 1735 Fairmount Av

Filed 8/15 " 1908 HARRY J. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 14 1908

I HEREBY CERTIFY, That I attended deceased from August 6 1908 to Aug 14 1908 that I last saw h-r alive on Aug 13 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) Life ~~DAYS~~

Contributory (Primary.) Premature Birth

(DURATION) 2½ ~~DAYS~~

(Signed) A. A. Bendich M.D.

Address 1806 E. Baltimore St.

Date Aug 14 1908

Place of Burial Hebrew Woodlawn Cem

Date Aug. 14 1908

Undertaker Max Lennin

Address 620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... P ... C14867 ... Register No. ...

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1505 Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Norman B. Lawson

{Residence, if in Baltimore, Give Street and Number.} 1505 Race St.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 12 1899

AGE 9 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bennet Lawson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Berlin Holland

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Lawson

(Address) 1505 Race St.

Filed 8/15 1908

HARRY D. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 14 1908 that I last saw h. in alive on Aug 14 1908, and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac
Asthenia

(DURATION) 2 DAYS

Con'tributory (Primary.) Acute Hypertrophic Paralysis (DURATION) 1 year DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Harlem St.

Date Aug 14 1908

Place of Burial Sykesville Md

Date Aug. 16 1908

Undertaker Jas. R. Weer

Address Sykesville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Germ. Hosp. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Ida Wolfe

{Residence, if in Baltimore, Give Street and Number.} 146 W. Fort Ave

Duration of Residence in Baltimore. 25 yrs

C 14868

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 2 1883

AGE: 25 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Adler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wolfe

(Address) 146 W Fort Ave.

Filed 8/15 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14, 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 14 1908

that I last saw h— alive on July 14 1908,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever (DURATION) DAYS

(Signed) Elmer Farland M.D.

Address St. Josephs Hospital

Date July 14 1908

Place of Burial Oakdale

Date July 16 1908

Undertaker Louis Heimann

Address 325 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14869

# CERTIFICATE OF DEATH. C14869 105

(Place of Death.) No. 652 Cider Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Aumee

{Residence, if in Baltimore, Give Street and Number.} 652 Cider Alley

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR colored |
| DATE OF BIRTH Sept. 27, 1907 | |
| AGE ... years, 10 months, 13 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED — | |
| BIRTHPLACE (State or country) Balto. Md. | |
| FULL NAME OF FATHER Walter L. Aumee | |
| BIRTHPLACE OF FATHER (State or country) Washington D.C. | |
| MAIDEN NAME OF MOTHER Ella V. Parker | |
| BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md. | |
| OCCUPATION OF DECEASED — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella V. Aumee

(Address) 652 Cider Alley.

Filed 8/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 14, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1908 to Aug 14 1908 that I last saw h.r alive on Aug 14 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

(Summer Complaint)
Gastro Ents. Entero

(DURATION) 6 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Hubert Schwarzwich M.D.

Address University Hosp.

Date Aug 14 1908

Place of Burial Mt. Auburn Cemetery

Date August-15 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 HEALTH DEPARTMENT City C14870 Registered No. C 14870

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 920 Hampden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Richard Trice

Residence, Give Street and Number, 920 Hampden Ave

Duration of Residence in Baltimore, 15 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: March 15 1841

AGE: 67 years, 5 months, - days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Trice

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or county): ~

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Ann Trice

(Address) 920 Hampden ave

Filed 8/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Aug 14 190 8

that I last saw h m alive on Aug 14 190 8

and that death occurred, on the date stated above, at 7.30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis Agitans

Valv. Heart Disease

uncertain (DURATION) DAYS

Contributory (Primary) Pulmonary

edema (DURATION) 5 DAYS

(Signed) R. L. Wrenn M. D.

Address 3547 Eastland Ave

Date Aug 14/08 190

Place of Burial Presbyterian cemetery Govans Town Baltimore Md

Date Aug 16th 190 8

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Reg

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. E. Cornell

{Residence, if in Baltimore, Give Street and Number.} —

C14871

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH — 1

AGE 55 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/15/08 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to Aug 13 1908 that I last saw him alive on Aug 13 1908, and that death occurred, on the date stated above, at 6 00

11. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Phthisis.

(DURATION) ..... DAYS

(Signed) W. W. Baker M.D.

Address Bay View Hospital

Date Aug 13 1908

Place of Burial Sacred Heart

Date AUG 15 1908 190

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. ..... 42

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Smith

{ Residence, if in Baltimore, Give Street and Number. } —

C14872

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH — 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/15/08 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to Aug 13 1908 that I last saw h— alive on Aug 13 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) — DAYS

Contributory (Primary) Cancer of Uterus

(DURATION) DAYS

(Signed) W. H. Baker M.D.

Address Bay View Hospital

Date Aug 12 1908

Place of Burial Sacred Heart

Date AUG 15 1908 1908

Undertaker Chas. F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 529 Colombia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lilly Mamie Gustaitis

{Residence, if in Baltimore, Give Street and Number.} 529 Columbia ave

C14873

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 1 1907

AGE: 1 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Andrew Gustaitis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Kaminskis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Mrs Gray

(Address) 525 Columbia ave

Filed 8/15/08 1908

HARRY C. ANDERS
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1908 to Aug 13th 1908

that I last saw her alive on Aug 13 1908,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) Dentition

(DURATION) 7 DAYS

(Signed) August Hoon M.D.

Address 40 E 25th St

Date Aug 13th 1908

Place of Burial St Alphonsus

Date Aug 15th 1908

Undertaker M S' Finch

Address 2113 N Pulaski

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14874 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Clark

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, ..... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant St. Vincents Inf. Asy.

(Address

Filed 8/15/08 1908 PERMIT CLERK. Registrar

HARRY O. ANDREWS.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug. 13 1908 that I last saw h.. alive on " " 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. K. Hayward M.D.

Address 1230 N Caroline St

Date Aug 15 1908

Place of Burial Green Cathedral

Date Aug 15 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 14875 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Schwartz

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed Aug 13 08 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Aug 12 190 8

that I last saw h im alive on " " 190 ,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carolina St.

Date Aug 13 190 8

Place of Burial New Cathedral

Date Aug 13 190 8

Undertaker Martin Fahey & Sons

Address 606 Eastern Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14876 Registered No. B

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Gertrude Lions

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH May 11 1908

AGE ..... years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address) .....

Filed 15 Aug 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 13 1908 that I last saw her alive on " 0 " 1908, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E H Heyward M.D.

Address 1230 N Caroline St

Date Aug 15 1908

Place of Burial Mount Cathedral

Date Aug. 15th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B C14877

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ethel Mary.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH May 11 1908

AGE ..... years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/15/08 190

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Aug 13 190 8 that I last saw h.. alive on " " 190 8 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C H Hayward M.D.

Address 1230 N Caroline

Date Aug 15 190 8

Place of Burial Loudon Cathedral

Date Aug 15 190 8

Undertaker Martin Saby & Sons

Address 606 Lafayette

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 14878

City of Baltimore, (No. 1213 Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Ann Gault (Gaul?)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 24 (Day) 1815 (Year)

AGE: 92 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm Atkinson

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Elizabeth Weber

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Cowles

(Address) 1213 Bolton St

Filed 8/15/08 190

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30, 1908 to Aug 13 1908 that I last saw her alive on Aug 12 1908, and that death occurred, on the date stated above, at 9.25 A. M. The CAUSE OF DEATH was as follows:

Coma from Pressure
Congestion of Brain
from an attack of
diarrhoea (DURATION) DAYS

Contributory Old age
(DURATION) DAYS

(Signed) A C Pole M. D.

Aug 13 1908 (Address) 2038 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Mitchell | DATE OF BURIAL: Aug 16 1908

UNDERTAKER: London Park | ADDRESS:

WM. J. C. DULANY CO., BALTIMORE.

Hann.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 108 Third Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Myrtle E. Phillips

{Residence, if in Baltimore, Give Street and Number.} 108 Third Ave

Duration of Residence in Baltimore. life C14879

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July 25 1908

AGE: — years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edwin J Phillips

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary C Schaffer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw J Phillips

(Address) 108 3rd Ave

Filed 8/15/08 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1908 to Aug 14 1908 that I last saw her alive on Aug 14 1908, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Collapse

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. H. Ferneau M.D.

Address 8 a 1st Ave

Date Aug 14th 1908

Place of Burial Lexington Cemetery

Date Aug 15 1908

Undertaker Jos. B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH. C14880

Registered No. B.....

City of Baltimore, (No. 1248 S. Stan St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jo Ann Werner (Werner)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 31 (Day) 1889 (Year)

AGE: 18 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Austria-Hungary

FULL NAME OF FATHER: John Werner

BIRTHPLACE OF FATHER (State or country): Austria Hungary

MAIDEN NAME OF MOTHER: Suzana Kuhn

BIRTHPLACE OF MOTHER (State or country): Austria Hungary

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teresa Werner

(Address) 1248 S. Stan St.

Filed 8/15/08 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 14 1908

that I last saw him alive on Aug 14 1908

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Contributory Acute Pneumonia Both Lungs (DURATION) 7 DAYS

(DURATION) ..... DAYS

(Signed) H. Maas Smith M. D.

Aug 14 1908 (Address) 923 Fawn Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: AUG 16 1908

UNDERTAKER: Armstrong Denny Co. ADDRESS: 715 Light Street.

## Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Brundage.

{Residence, if in Baltimore, Give Street and Number.} Ellenville N.Y.

Duration of Residence in Baltimore. 1 day

C 14881

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 23 1880

AGE 28 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Geo Brundage

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Josephine Hendrickson

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Constructional Iron worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry Boat.

(Address) Ellenville N.Y.

Filed 8/15/08 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14th 1908

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Concussion of the brain following accidental fall from B&O. bridge over Tangunton. River (DURATION) 1 DAYS

Contributory (Primary.) accident

(DURATION) DAYS

(Signed) Wm Baeding, Comm'r M.D.

Address Ellenville N.Y.

Date Aug. 15th 1908

Place of Burial Ellenville N.Y.

Date Aug-15-th 1908

Undertaker W.W. Gauthier

Address Forth & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C14882

# CERTIFICATE OF DEATH. 1

(Place of Death.) No. Franklin Sq. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Hunnithon

{ Residence, if in Baltimore, Give Street and Number. } 2212 Christian St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Mar 20 1887

AGE: 21 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Gus Eaneksen

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Maggie Edrekson

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jens A Ingneer

(Address) 2212 Christian St

Filed 8/15/08

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 15 1908 that I last saw h.r alive on Aug 15 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1/2 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 14 DAYS

(Signed) Culpeper Duffy M.D.

Address Franklin Sq. Hosp.

Date Aug. 15, 1908 190

Place of Burial London Park Cem.

Date Aug 16th 17th 190 8

Undertaker Robt. Brokeren

Address 1718 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

# CERTIFICATE OF DEATH.

17V

(Place of Death.) No. Pratt a Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Burgess.

{ Residence, if in Baltimore, Give Street and Number. } 1342 Watcoat St.

Duration of Residence in Baltimore. 6 yrs. C14883

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Annapolis

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bell

BIRTHPLACE OF MOTHER (State or country) Annapolis

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hannie Burgess w/f

(Address) 1342 Watcoat St

Filed 8/15 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Coroner

Address

Date Aug 14 1908

Place of Burial Mt Lebanon

Date Aug 16th 1908

Undertaker C. Wm Frey

Address 1364 W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

175

Death occurred in
or Institution,
Name instead of
and Number.)

3 ..... 1908

Deceased from

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# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1221 Short St. Court

Full Name Samuel Chase St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} 1221 Short St. Court

Duration of Residence in Baltimore. 17 years

C 14884

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Col. |
| DATE OF BIRTH | April 6th 1891 |
| AGE | 17 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | John Chase |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Henrietta Read |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Chase

(Address) 1221 Short St Ct

Filed 9/15/08 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 23rd 1908 to Aug 13th 1908

that I last saw him alive on Aug 11th 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Contributory (Primary.) Tuberculosis (DURATION) 3 DAYS

(Pulmonary)

(Signed) Jno. Ward M.D.

Address 1522 E. Baltimore

Date Aug 13th 1908

Place of Burial Laurel Cemetery

Date August 16th 1908

Undertaker Theodore White

Address 1702 Gough Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the case comes under his notice, to furnish within **eighteen hours after death**, to the Coroner, when the said city it shall be setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death**.

Ward 7 C 14885 Registered No. C 175

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Green & Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Schafer

Residence, Give Street and Number, 909 S. Fremont Ave

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH August 21. 1863.

AGE 44 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER George Schafer

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Elizabeth Diering.

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schafer (son)

(Address) 909 S. Fremont Ave

Filed 8/15/08 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 13. 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Muriatic Acid poisoning.

Accidental death.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner.

Date August 14 1908.

Place of Burial Loudon Park ✓

Date Aug - 16 1908

Undertaker Wag Pickney Mem Co

Address Camden & Pera

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14886

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore. (No. 1717 E. Federal St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles J Hildebrand

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 27 (Day) 1867 (Year)

AGE: 41 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Hildebrand

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Danger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora Hurst

(Address) 2330 Jefferson st

Filed 8/15/08 1900

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29th 1908 to Aug. 15th 1908 that I last saw h.. alive on Aug. 14th 1908, and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Parenchymatous Nephritis with termination of Uremia & insufficiency of heart. (DURATION) DAYS

Contributory Heart failure (DURATION) 1 DAYS

(Signed) Wm Gambrill M. D.

Aug 15 1908 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Aug 18 1908

UNDERTAKER: Wm J. Pickrum & Sons

ADDRESS: 425 W. Conway st

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14887

City of Baltimore, (No. 914, N. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Frank B. & Lucille C. Fry

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 13 (Day) 1908 (Year)

AGE: — years, — months, 14 hours days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank B. Fry

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lucille C. Jarvis

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. B. Fry

(Address) 914 N. Payson St

Filed 8/13/08 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 14 1908

that I last saw him alive on Aug 14 1908,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

This was a premature birth 6 months Gestation Dyspnoea

(DURATION) 14 hrs DAYS

Contributory —

(DURATION) DAYS

(Signed) Wm. Grant M. D.

Aug. 14 1908 (Address) 712 N. Payson st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 16 1908

UNDERTAKER: W. J. Dickmeyer & Son

ADDRESS: Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2105 E Chase St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Obradovec

{Residence, if in Baltimore, Give Street and Number.} 2105 E Chase St

Duration of Residence in Baltimore. 15 years C 14888

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 43 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Sofa Kubes.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James. Obradovec

(Address) 2105 E Chase St

Filed 8/15/08 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th, 1908

I HEREBY CERTIFY, That I attended deceased from July 31st 1908 to Aug 14th, 1908

that I last saw her alive on Aug 14th 1908,

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnea and Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 1 Mo's

(Signed) Albert G. Dingeldein M.D.

Address 1503 E. North ave.

Date August 15th 1908

Place of Burial Oak Hill

Date August 16th 1908

Undertaker William Croft

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

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**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1731 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman H Winters

{Residence, if in Baltimore, Give Street and Number.} 1731 Hollins St

C 14889

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Herman Winters

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Time Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Clark

(Address) 1731 Hollins St

Filed 8/15/08 190 HARRY C. ANDREWS PERMIT CLERK Registrar

H. Andrews

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to Aug 14 1908

that I last saw him alive on Aug 14 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Tuberculosis~~

Exhaustion

(DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 mos

(Signed) James Dooley M.D.

Address 1701 Hollins St

Date Aug 15 1908

Place of Burial Cathedral Cemetery

Date Aug 15th 1908

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Dr Dooley)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C14890 Registered No. B

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1303 Hanford ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Laurence A. Probst

{Residence, if in Baltimore, Give Street and Number.} Inv. 1303 Hanford ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 8, 1907

AGE — years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Herman A. Probst

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Bernardine Treag.

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman A. Probst

(Address) 1303 Hanford ave

Filed 8/15/08 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14, (am) 1908 to Aug. 14, 1908

that I last saw h[illegible] alive on Aug. 14 1908

and that death occurred, on the date stated above, at 1:40 P. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) One DA

Contributory (Primary.)

(DURATION) DAY

(Signed) A. A. Elwell M.D

Address 1241 Hanford ave

Date Aug. 14, 1908

Place of Burial St. Alphonsus Cemetery

Date Aug 15 1908

Undertaker Henry Stock & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen Fehrer

{ Residence, if in Baltimore, Give Street and Number. } 1214 Federal st

C14891

Duration of Residence in Baltimore. 35 yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 59 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | Woodworker. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Elizabeth Fehrer

(Address) 1214 E. Federal St

Filed 8/15/08 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

H Andrews.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 14, 1908 that I last saw h.. alive on Aug. 14, 1908 and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Sepsis and exhaustion

(DURATION) DAYS

Contributory (Primary.) Intestinal rupture

(DURATION) DAYS

(Signed) J. A. Peters M.D.

Address Balto. City Hospital

Date Aug 14 1908

Place of Burial Baltimore Cemetery

Date Aug 16. 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C14892 132

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Abel

{ Residence, if in Baltimore, Give Street and Number. } 834 N. Patterson Park Ave

Duration of Residence in Baltimore. 36 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Michael Abel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Mueller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Husband

(Address) 834 Patterson Park Ave

Filed 8/15/08. 190 HARRY C. ANDREWS. Registrar

PERMIT CLERK

H. Andrews

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 14 1908 that I last saw h[er] alive on Aug 14 1908 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Ruptured Pustule.

(DURATION) DAYS

(Signed) W. Cole Davis M.D.

Address St. Joseph's German Hosp.

Date Aug 14 1908

Place of Burial Holy Redeemer Cemetery

Date Aug 17 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C14893

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. ~~Addie Fletcher~~ 1132 Pennsylvania Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie ~~Fletcher~~ (Fletcher)

{ Residence, if in Baltimore, Give Street and Number. } 1132 Pennsylvania Ave

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Fem~~ M

COLOR: Col

DATE OF BIRTH: 1900

AGE: 8 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Custer Co

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): . .

MAIDEN NAME OF MOTHER: . .

BIRTHPLACE OF MOTHER (State or country): . .

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Addie L. Neff

(Address) 1132 Pennsylvania

Filed 8/15/08 190...

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 15 1908 that I last saw ~~him~~ her alive on Aug 14 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 2 & 3 mos DAYS

Contributory (Primary.) Peritonitis

(DURATION) 2 & 3 mos DAYS

(Signed) O. H. Fenton M.D.

Address 1145 S. Stanford

Date Aug 15th 1908

Place of Burial Mt. Olivet

Date Aug 15th 1908

Undertaker Sam'l H. Thurston

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14894

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 420 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob M Turnbaugh

{Residence, if in Baltimore, Give Street and Number.} 420 E Preston

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Mt Carmel Balto Co.

FULL NAME OF FATHER: Jacob Turnbaugh

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Armcost

BIRTHPLACE OF MOTHER (State or country): Mt Known

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Turnbaugh

(Address) 420 E Preston

Filed 8/15/08 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12 1908

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to Aug 12 1908 that I last saw him alive on Aug 12 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm R Ward M.D.

Address 1238 Fremont Ave

Date aug 13 1908

Place of Burial New Cathedral

Date 8/15 1908

Undertaker Wm J C Dulany

Address 4 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C 14895

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 773 George St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Butler

{ Residence, if in Baltimore, Give Street and Number. } 773 George St

Duration of Residence in Baltimore. 45 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ....1....

AGE 75 years, ....months, ....days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fitzsimmons

(Address) 773 George St

Filed 8/15 1908

HARRY C. ANDERSON Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to ....1908

that I last saw h alive on Aug 10 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

General debility following
several attacks of
paralysis

(DURATION) 5 Yrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlan M.D.

Address 1002 W Fayette

Date Aug 15 1908

Place of Burial Texas Baltimore

Date Aug 17 1908

Undertaker Mrs A Rhode & Son

Address 732 Park Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14896

# CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Staley

{ Residence, if in Baltimore, Give Street and Number. } 303 N. Carrollton ave

Duration of Residence in Baltimore.....

C14896

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR White |
| DATE OF BIRTH | 1 |
| AGE | 1 years, 1 months, 26 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | George C Staley |
| BIRTHPLACE OF FATHER (State or country) | Carroll County Md |
| MAIDEN NAME OF MOTHER | Gertrude A. Hogan |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore Md |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C Staley

(Address) 303 Carrollton ave

Filed 8/15/08 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 14 1908 that I last saw her alive on Aug 14 1908, and that death occurred, on the date stated above, at 12-30

11. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. E. Bradbleen M.D.

Address 1328 S. Charles St

Date Aug 14 1908

Place of Burial Loudan Park Cem

Date Aug 16/08 190.....

Undertaker H. C. Branning & Son

Address 5 S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C14897 Registered No. C 14897

# CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward G. Pittman

Residence, Give Street and Number, 110 N. Green St

Duration of Residence in Baltimore, Lyw

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 4th 1830

AGE: 78 years, 3 months, 9 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Edwd. ~~Gold~~ Pittman

BIRTHPLACE OF FATHER (State or county): Alexandria Va

MAIDEN NAME OF MOTHER: Julia A Gold

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. E. B. Pittman

(Address) 110 N Green st

Filed 8/15 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 12th 1908 to Aug 13th 1908

that I last saw him alive on Aug 12th 1908

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis.
Lobular Congestion
at Asthma

(DURATION) 40 DAYS

Contributory (Primary) Agw.

(DURATION) DAYS

(Signed) John T McCarthy M. D.

Address 656 W Fayette St

Date Aug 14th 1908

Place of Burial Greenmount

Date AUG 17 1908 1908

Undertaker John T Gorey & Son.

Address 1132 W Fayette St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13

# CERTIFICATE OF DEATH. C14898

Registered No. B.....

City of Baltimore, (No. 243, N. Bruce St; St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Gant

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: March (Month) ..... (Day) 1888 Year)

AGE: 20 years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co. Md

FULL NAME OF FATHER: Perry Gant

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Hopewell

BIRTHPLACE OF MOTHER (State or country): St Marys Co. Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Millburn

(Address) 243 Bruce St

Filed 8/15 190 8

HARRY C. KNORR
PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 14 1908 that I last saw h.. alive on Aug 14 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Peritonitis following Cholera Infantum.

(DURATION) 5 DAYS

Contributory asthenia

(DURATION) 2 DAYS

(Signed) M E Bryan M. D.

Aug 14 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hillsboro Church St Marys — DATE OF BURIAL: Aug 16th 1908

UNDERTAKER: Felix B Pye — ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C14899 Registered No. 0

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1 Mrs Nora Wilson Apartments St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucile Whitbee

Residence, Give Street and Number, 574 wilson St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| female | Colored |

DATE OF BIRTH —

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER James Peter Whidbee

BIRTHPLACE OF FATHER (State or couuty) South Carlonia

MAIDEN NAME OF MOTHER Bertha tate

BIRTHPLACE OF MOTHER (State or county) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Whidbee

(Address) 574 Wilson St

Filed 8/15" 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to Aug 13 1908

that I last saw h.e alive on Aug 13 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis
Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) 40 DAYS

(Signed) [illegible] M. D.

Address [illegible]

Date Aug 15th 1908

Place of Burial Mount Zion Cemetary.

Date August 16 1908

Undertaker John Howard Lloyd

Address 1352 N. Calhoun St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ca

Ward 15

C 14900

# CERTIFICATE OF DEATH.

(Place of Death.) No. #803 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. William (Infant child) Mary E. Lauf

{ Residence, if in Baltimore, Give Street and Number. } 803 Harford Ave.

Duration of Residence in Baltimore. 3 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Aug. 12th 1908

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 803 Harford Ave

FULL NAME OF FATHER: Charles Lauf

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary E. Bretline

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 803 Harford Ave

Filed 8/15 1908

BARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1908 to Aug 15th 1908 that I last saw h— alive on Aug 15th 1908, and that death occurred, on the date stated above, at 11.40 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Birth injuries & other secondary results of inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address City Hosp

Date Aug. 15 1908

Place of Burial Baltimore

Date Aug 16 1908

Undertaker H. C. Weinefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14501 Registered No. 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 14 Thomas Wilkins Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dolores McGarry

Residence, Give Street and Number, 115 E. Fayette St.

Duration of Residence in Baltimore, 4 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Single.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. A. Gardner

(Address) 1739 N. Broadway

Filed 8/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 13 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 13 1908 that I last saw her alive on July 13 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pleo Colitis,
Malnutrition

(DURATION) 40 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) ..... M. D.

Address 814 Cathedral St

Date Aug 15 1908

Place of Burial Mount Cathedral

Date Aug 16 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

# CERTIFICATE OF DEATH.

69

(Place of Death.) No. 12, N. Madeira st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Inv. Hinkleman

{ Residence, if in Baltimore, Give Street and Number. } 12, N. Madeira st.

C 14902

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 22 1...

AGE: 8 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: John Hinkleman

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Barry Haupt

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Haupt

(Address) 1211 Madeira

Filed 8/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1908 to Aug. 14 1908 that I last saw him alive on Aug. 13 1908, and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 10 minutes

Contributory (Primary.) Epilepsy

(DURATION) 4 years

(Signed) Pierre G. Dausel M.D.

Address 121, Jackson Square

Date Aug 14 1908

Place of Burial Holy Redeemer

Date Aug 16 1908

Undertaker Randall Duffield & Son

Address 32 E Lee

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C14903

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B SC14903

City of Baltimore, (No. 18 S. Madison St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jr. Kirsling

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 15th (Day) 1900 (Year)

AGE: ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: John. Kirsling

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Louisa C. Stork.

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 55 Madison St

Filed 8/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1908 to Aug 14th 1908 that I last saw her alive on Aug 14th 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Dentition

(DURATION) 60 DAYS

Contributory Diarrhoea Enteritis

(DURATION) 15 DAYS

(Signed) C. F. Snader M. D.

Aug 15th 1908 (Address) 2 S Patterson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Aug 16 1908

UNDERTAKER: Jos. J. Kerr | ADDRESS: 1914 E. Fayette

Ward V

Registered No. C 14904

C14904

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 237 S. Ann St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Walsh

Residence, Give Street and Number,

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH June 24 1839

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Jno Tlung

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Walsh

(Address) 237 S. Ann St

Filed Aug 16 1908 Registrar. J.C.W

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 14 1908

that I last saw her alive on Aug 14 1908

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteritis (DURATION) 2 wks DAYS

Contributory (Primary)

Asthenia (DURATION) 2 DAYS

(Signed) W. J. McAvoy M. D.

Address 839 S. Clinton St

Date Aug 15 1908

Place of Burial Cathedral Cem

Date Aug. 17 1908

Undertaker John A Moran

Address Bank & Ann Sts

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C14905

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. G. H. Miles St. St. Joseph's German Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H. Miles.

{Residence, if in Baltimore, Give Street and Number.} 1425 N. Central Ave.

C14905

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles S. Miles

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired Sergeant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Miles

(Address 1425 N Central Ave.

Filed

Aug 18 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13th 1908 to Aug 13th 1908 that I last saw him alive on Aug 13th 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) — DAYS

(Signed) William F. Burns M.D.

Address St. Joseph's Hospital

Date Aug. 15th 1908.

Place of Burial Loudon Park Cemetery

Date Aug 17th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14906

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Cook

{ Residence, if in Baltimore, Give Street and Number. } 1213 Ensor

C14906

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: June 16 1816

AGE: 92 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: David Henry.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Cook son.

(Address) 1024 Valley St

Filed 8/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1908 to Aug 14 1908 that I last saw her alive on Aug 10 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

(DURATION) DAYS

Contributory (Primary.) Old age (DURATION) DAYS

(Signed) Mark Chirayne M.D.

Address 914 Edmondson Ave

Date August 15th 1908

Place of Burial Greenmount

Date Aug 17 1908

Undertaker F. A. Kranse & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14907

# CERTIFICATE OF DEATH.

(Place of Death.) No. 134 Appon — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno - H Johnson

{Residence, if in Baltimore, Give Street and Number.} 134 Appon

Duration of Residence in Baltimore. life C14907

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 5 1888

AGE 20 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry A. Johnson

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Julia Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk F

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Julia Johnson

(Address) 1345 Patterson Pk Ave

Filed 8/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 — 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Aug 14 1908

that I last saw h— alive on Aug 14 1908,

and that death occurred, on the date stated above, at 1 — 25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

6 mos — (DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) H. A. Mudd M.D.

Address 1258 Park Ave

Date Aug 15/08 1908

Place of Burial Mt. Carmel Cemetery

Date Aug 16 1908

Undertaker H. Lander Sons

Address 1310 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C14908 Registered No. C 14908

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. # 30 Druid Ave Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Franklin Montgomery

Residence, Give Street and Number, 30 Druid ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 19 Th 1907

AGE: — years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Wm H Montgomery

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Annie E Fogler

BIRTHPLACE OF MOTHER (State or county): Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Montgomery

(Address) 30 Druid Ave

Filed 8/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 to Aug 14 190

that I last saw h alive on 14 190

and that death occurred, on the date stated above, at 320 a M. CAUSE OF DEATH (Secondary or Immediate,)

Enteric Congestion

(DURATION) 8 DAYS

Contributory (Primary) Cholecystitis

(DURATION) 8 DAYS

(Signed) E N Lemmon M. D.

Address 304 Park Ave

Date 15th Aug 190 8

Place of Burial Mt. Olivet

Date August 17th 1908

Undertaker Wm E Chenoweth & Sons

Address 919 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 14909

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1312. E. Lexington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Grunewald

{ Residence, if in Baltimore, Give Street and Number. } 1312 E. Lexington st

Duration of Residence in Baltimore 52 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Wite

DATE OF BIRTH Augst 8th 1830

AGE 78 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Gearmney

FULL NAME OF FATHER George Grunwald

BIRTHPLACE OF FATHER (State or country) Gearmna

MAIDEN NAME OF MOTHER Elizabett Adams

BIRTHPLACE OF MOTHER (State or country) Gearmany

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Son Henry Grunwald

(Address) 525 N Eden st

Filed 8/16" 1908

HARRY C. ANDERSON
Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th 1908

I HEREBY CERTIFY, That I attended deceased from Augt 12th 1908 to August 14 1908

that I last saw h.. alive on Augt 14 1908

and that death occurred, on the date stated above, at 8.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insolation

(DURATION) 3 DAYS

Con'tributory (Primary) Accumulation of heat in the system (Coma) (DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2103 Orleans st

Date August 14th 1908

Place of Burial Baltimore Cemetery

Date Aug 17th 1908

Undertaker John Cowan

Address 981 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14910

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 512 S Pulaski St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Hirschhorn

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: July (Month) 7 (Day) 1908 Year

AGE: ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Hirschhorn

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Goldenstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mc. Ginnis Carroll.

(Address) .....

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 16 1908 that I last saw h in alive on Aug 16 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 5 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) M. Hirschhorn M. D.

Aug 16 1908 (Address) 900 E. Balto st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Thomas Hand's Evergreen Cemetery

DATE OF BURIAL: August 19 1908

UNDERTAKER: Mc Ginnis Carroll

ADDRESS: 122 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C 14911

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 408 S. Sharp St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Marie Battaglia

{Residence, if in Baltimore, Give Street and Number.} 408 S. Sharp St.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | F |
| COLOR | W |
| DATE OF BIRTH | Oct. 1907 |
| AGE | 10 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Joe. Battaglia |
| BIRTHPLACE OF FATHER (State or country) | Italy |
| MAIDEN NAME OF MOTHER | unknown |
| BIRTHPLACE OF MOTHER (State or country) | Italy |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Demaios

(Address) 226. S. Howard St.

Filed 8/17/08 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

H.A.W.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 - 16 - 1908

I HEREBY CERTIFY, That I attended deceased from 8-14 1908 to 8-16 1908

that I last saw h[illegible] alive on 8-16 1908

and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Gastro Intestinal Intoxication.

(DURATION) 3 DAYS

Contributory (Primary) milk Injection

(DURATION) 3 DAYS

(Signed) S. Demaios M.D.

Address 1604 Linden Ave

Date 8-16- 1908

Place of Burial St. Vincents Cem.

Date Aug. 17 1908

Undertaker Wm. Doyle & Son.

Address 17. E. Lee St.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH. C 14912

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Walker

{ Residence, if in Baltimore, Give Street and Number. } 519 Burgundy Alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Walker

(Address) 2 Welcome alley.

Filed 8/17 1908 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1908 to Aug. 15 1908 that I last saw h unalive on Aug. 15 1908 and that death occurred, on the date stated above, at 12.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Con'ributery (Primary.) Toxemia

(DURATION) DAYS

(Signed) J. A. Petras M.D.

Address Balto City Hospitals

Date Aug. 15. 1908

Place of Burial Mt. Auburn

Date Aug. 17" 1908

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14913

179

# CERTIFICATE OF DEATH.

Place of Death.) No. 15 W. Fort Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice E. Schuman

{ Residence, if in Baltimore, Give Street and Number. } 15 W. Fort Ave.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Femal. | COLOR white

DATE OF BIRTH December 17 1907

AGE ..... years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER C. A. Schuman.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER B. T. Taylor.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Schuman (Father)

(Address) 15 W. Fort ave

Filed 8/17/08. HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Aug 15 1908 that I last saw her alive on Aug 15 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Con'tributory (Primary) Debilition

(DURATION) DAYS

(Signed) N. Lee Bacon M.D.

Address 1228 N. Eduardo.

Date Aug 15 1908.

Place of Burial Baltimore Cemetery

Date Aug. 17 1908

Undertaker J. Fow McCully

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death**. (whether married or single) of the person deceased, and the **cause and date of death**, to the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C14914 • Registered No. C

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 706 S. Lurzerne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Doris Baumgartner

Residence, Give Street and Number, 706 S. Lurzerne St.

Duration of Residence in Baltimore, 57 Years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1825

AGE: 83 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Baumgartner

(Address) 706 S. Lurzerne St

Filed 8/17/08 190

BARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 15th 1908

I HEREBY CERTIFY, That I attended deceased from June 30th 1908 to Aug 15th 1908.

that I last saw her alive on August 8th 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Senility (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) C. N. Kelly M. D.

Address 3200 Hudson St

Date Aug 16th 1908

Place of Burial Mount Carmel

Date Aug 17th 1908

Undertaker St Nicolaus & Son

Address 1820 Canton Ave.

Remarks Have

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2017 Etting St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Grace Simms

{Residence, if in Baltimore, Give Street and Number.} 2017 Etting St.

C 14915

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Colored |
| DATE OF BIRTH: Aug. 12th 1908 | |
| AGE: ....years, ....months, 3 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Balto | |
| FULL NAME OF FATHER: Edgar Allan Carey | |
| BIRTHPLACE OF FATHER (State or country): Md. | |
| MAIDEN NAME OF MOTHER: Grace Simms | |
| BIRTHPLACE OF MOTHER (State or country): Balto | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Simms

(Address)

Filed 8/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Aug. 14th 1908

I HEREBY CERTIFY, That I attended deceased from ....19o.... to ....19o....

that I last saw h.... alive on ....19o....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

....(DURATION).... DAYS

Con'ributory (Primary.) ....

....(DURATION).... DAYS

(Signed) Silas Baldwin M.D.

Address Two Log. av. (Comm.)

Date Aug. 14th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 15 1908 19o.

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Ward 7 Registered No. B C14916 150

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mrs Lydia Austin

{ Residence, if in Baltimore, Give Street and Number. } 318 Sharp St. Balt. Md.

Duration of Residence in Baltimore. Lived Fourteen hours

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 13 1908

AGE Fourteen hours
.....years, .....months, .....days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 18. 1908 that I last saw h..... alive on Aug 13 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart disease. 1

.....(DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) S. H. Strutt M.D.

Address Md. Gen'l Hospital

Date Aug. 14 1908

Place of Burial JNS HOPKINS HOSPITAL

Date AUG 15 1908 190 ....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH. C14917

145

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Dixon.

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: 32 About. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Bellyau Supt. BAY VIEW ASYLUM

(Address)

Filed 8/17 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 14 1908

that I last saw h.. alive on Aug 14 1908

and that death occurred, on the date stated above, at 5.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Sprain of Ligaments

—

(DURATION) DAYS

Contributory (Primary) Pernicious Uremia

(DURATION) DAYS

(Signed) H. H. Eden M.D.

Address Bay View Hospital

Date Aug 14-08 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date AUG 14 1908 1908

Undertaker G. L. Hurley

Address 931 N. Market

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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154

# CERTIFICATE OF DEATH.

(Place of Death.) No. # 1 W. Erdman Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Tiefler

{Residence, if in Baltimore, Give Street and Number.} # 1 E. Erdman Ave C 14918

Duration of Residence in Baltimore. 36 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 9th 1819

AGE 89 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dietrich Borjes

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Tiefler

(Address) # 1 W. Erdman Ave.

Filed Aug 17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 15th 1908

that I last saw her alive on Aug 15 1908 1.45

and that death occurred, on the date stated above, at 6. A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) 15 DAYS

Con'tributory (Primary.)

Exhaustion (DURATION) 15 DAYS

(Signed) August Horn M.D.

Address 40 E. 25th St

Date Balto Aug 15th 1908

Place of Burial Trinity Cemetery

Date Aug 17th 1908

Undertaker Jno. & Jas. John H. Feusel

Address 501 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH. C14919

(Place of Death) No. Hosp. Union Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Williams

{Residence, if in Baltimore, Give Street and Number} —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH —

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/17 1908 BARRY O'J ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Aug 13 1908, that I last saw h.. alive on Aug 13 1908, and that death occurred, on the date stated above, at 6 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) DAYS

Contributory (Primary.) Heart Disease

(DURATION) DAYS

(Signed) H. H. Tucker M.D.

Address Hosp. Union Hospital

Date Aug 14 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 14 1908

Undertaker G. L. Hurley

Address 931 N. Monroe St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

16 8

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 W. Stricker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hank B. Legg.

{ Residence, if in Baltimore, Give Street and Number. } 1018 W. Stricker

C14920

Duration of Residence in Baltimore. 20 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 15th 1860

AGE: 47 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Davis Legg

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann Rebecca May

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isidora Whitestone

(Address) 1018 W. Stricker

Filed 8/17 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1908

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to Aug 17 1908 that I last saw him alive on Aug. 17 1908, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Cirrhosis Liver (DURATION) DAYS

(Signed) M.D.

Address Hank E. Wagner M.D. 914 Edmondson Ave.

Date Aug. 17. 1908

Place of Burial Kent Island

Date Aug. 18 1908

Undertaker Wm. M. Gauttier & Co.

Address North & Linden Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C14921 Registered No. C 166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 754 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick J. Scholler

Residence, Give Street and Number, 2325 E. Fayette St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH March 16 1845

AGE 63 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F. Holtkamp (Son in Law)

(Address) 806 E. 20th St

Filed 8/17 1908

HARRY O. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 40 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Concussion of the Brain Accidental fall from car 207 of U Ry & Co. at Fort Ave & Bayly St

(DURATION) 2 DAYS 20 Hours

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner

Date Aug 15. 1908

Place of Burial Balto Cem

Date Aug 17 08 1908

Undertaker J Herwig Son

Address 2018 Aliceanna St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. [illegible]

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1823 Brunt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Thorild G. Mora

{Residence, if in Baltimore, Give Street and Number.} 1823 Brunt St

Duration of Residence in Baltimore. Life C14922

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 11th, 1878

AGE: 29 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Lawrence Seibert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbra Hild

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barbra Seibert

(Address) 1823 Brunt St

Filed 8/17 1908 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to Aug 14 1908

that I last saw h[illegible] alive on Aug 14 1908

and that death occurred, on the date stated above, at 9.30 M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H C Hoenk M.D.

Address 1914 E Oliver

Date Aug 15 1908

Place of Burial Western Cemetery

Date aug. 17th 1908

Undertaker Geo. Bentz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. West 2nd Walbrook Ave Mt. Holly Car St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Cully

{Residence, if in Baltimore, Give Street and Number.} 1406 N. Mount St.

C14923

Duration of Residence in Baltimore. Unknown

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Colored |
| DATE OF BIRTH: 1 | |
| AGE: 56 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Calvert Co. Md. |
| FULL NAME OF FATHER | John M. Grove |
| BIRTHPLACE OF FATHER (State or country) | Calvert Co. Md. |
| MAIDEN NAME OF MOTHER | Mary Wilson |
| BIRTHPLACE OF MOTHER (State or country) | Calvert Co. Md. |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. R. Williams

(Address) 1406 N. Mount St.

Filed 8/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 15 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Uremia (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Silas Bartram (Comm.) M.D.

Address 700 N. Lafayette Ave.

Date Aug. 15 1908.

Place of Burial St Johns Jerusalem Creek Calvert County, Md.

Date Aug 18 1908

Undertaker Geo. H. Riddlemoser

Address 515 S. Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. The John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Or Hurtt

{Residence, if in Baltimore, Give Street and Number.} 3040 O'Donnell Stret

C14924

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 11th 1847

AGE: 61 years, 2 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: Charles Rigby Hurtt

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Sarah Elizabeth Hurtt

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md.

OCCUPATION OF DECEASED: Gardiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hurtt.

(Address) 3040 O. Donnell st.

Filed 7/17 1908 HARRY J. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 7th 1908 to Aug 14 1908 that I last saw h~~im~~ alive on Aug 14 1908 and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

about (DURATION) 14 DAYS

Con tributory (Primary) Carcinoma of Stomach (DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Aug 15 1908

Place of Burial Mount Carmel Cemetery

Date AUG 17 1908

Undertaker Lilly and Zeiler.

Address 403 S. Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 14925

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Germ Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isidore Rodrigues

{Residence, if in Baltimore, Give Street and Number.} 1425 Isadore Hanover St

Duration of Residence in Baltimore. 12 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX [redacted]male | COLOR White

DATE OF BIRTH Jan 21st 1879

AGE 29 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Belgium

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Rodrigues

(Address) 1425 Isabert St

Filed 8/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 14 1908 that I last saw him alive on Aug 14 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary) Peritonitis following perforation

(DURATION) DAYS

(Signed) John F. Coughlin M.D.

Address St Josephs Germ Hosp.

Date Aug 14 1908

Place of Burial Mount Olivet Cem

Date Aug 17th 1908

Undertaker E. Lehlomann Son

Address 1834 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C14926 Registered No. C

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1021 James Lane

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna L O'Nester

Residence, Give Street and Number, 1021 James Lane

Duration of Residence in Baltimore, 2 yr

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: December 14 1907

AGE: ——— years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: John A. O'Nester

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Elizabeth Sander

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Nester (mother)

(Address) 1021 James ave

Filed 8/17 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 16 1908

I HEREBY CERTIFY, That I attended deceased from August 13 1908 to August 16 1908

that I last saw her alive on Aug 15 1908

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate,)

Eclampsia

Contributory (Primary) Cholera Infantum (DURATION) 2 DAYS

(Signed) Otto W Reinhardt M. D.

Address 1017 S. Charles St

Date August 17 1908

Place of Burial Western Cem

Date Aug 17 1908

Undertaker E Schloman & Son

Address 1029 Hanover st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C14927

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1716 E. Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine E. Wagner

{Residence, if in Baltimore, Give Street and Number.} 1716 E. Hanover St.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 15th 1896

AGE: 12 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Wagner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: M. J. Birmingham

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wagner

(Address) 1716 Hanover St.

Filed 8/17 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 16 1908

that I last saw her alive on Aug 16 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 5 Minutes

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Indefinite DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St.

Date Aug 17 1908

Place of Burial Western Cem

Date Aug 20th 1908

Undertaker C. Schlosman & Son

Address 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C14928 Registered No. D..... 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. John S. Burley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name 5 Vincent st north

{ Residence, if in Baltimore, Give Street and Number. } 5 Vincent st

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, — ~~months~~ 3 weeks — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on.....1908....., and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. La Fayette

Date Aug. 13. Coroner 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 15 1908

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

# CERTIFICATE OF DEATH.

City of Baltimore, (No. 3000 Walbrook Ave St.; 15 Ward) Registered No. B C14929

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Luthicum Fisher

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female | COLOR White

DATE OF BIRTH Sept 12 1859 (Month) (Day) (Year)

AGE 48 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER C. W. Luthicum

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah E. Collins

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Fisher

(Address) 3000 Walbrook Ave

Filed 8/17 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Aug 15 1908 that I last saw her alive on ~~Aug 15~~ a very few hours after death 8/15 1908, and that death occurred, on the date stated above, at 6:45 P.M. The CAUSE OF DEATH was as follows:

(a) Syncope - Sudden Collapse

Almost instantaneous death (DURATION) DAYS

Contributory Knew of None (DURATION) DAYS

(Signed) Chas. E. Parker M. D.

8-17 1908 (Address) 311 W. Northern

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Loudon Park - Cremated | DATE OF BURIAL Aug 17 1908

UNDERTAKER E. Madison Mitchell | ADDRESS 1201 W Fayette st

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

169

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1118 Somerset St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Kreuzer

Residence, Give Street and Number, 1118 Somerset St

C14930

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH .....1

AGE 46 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore. Md.

FULL NAME OF FATHER ~~Germany~~ Casper Kreuzer

BIRTHPLACE OF FATHER (State or county) ~~Barbara Fitz~~ Germany

MAIDEN NAME OF MOTHER Barbara Fitz

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Adelia Kreuzer

(Address) 1118 Somerset St.

Filed 8/17 1908 Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sunday August 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 15th 1908 to August 14th 1908

that I last saw him alive on August 14th 1908

and that death occurred, on the date stated above, at 10.0 P M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Apoplexy

with Hemiplegia.

(DURATION) 30 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) Months

(Signed) Jefferis Buck. M. D.

Address 2844 St. Paul St.

Date August 15th. 1908

Place of Burial Holy Redeemer Cemetery

Date Aug. 18 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

Remarks

Population (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Albright.

{ Residence, if in Baltimore, Give Street and Number. } Bear Creek, Md.

C 1493 1

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH | 1 |
| AGE | 61 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Not known |
| FULL NAME OF FATHER | " " |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | Farmer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. N. Marriott

(Address) Chase & Valley Sts.

Filed 8/17 190 8 Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 16th. 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1908 to Aug 16th 1908.

that I last saw h.. alive on Aug 16th 1908.

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) 1 DAYS

Contributory (Primary.) Strangulated Hernia

& Arteria Sclerosis (DURATION) —— DAYS

(Signed) William L. Burns. M.D.

Address St. Joseph's Hospital

Date Aug. 16th 1908

Place of Burial Baltimore Cemetery

Date Aug 17th 1908

Undertaker Henry Stockslager

Address 1321 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Warrick

{ Residence, if in Baltimore, Give Street and Number. } Roanoke Rapids N.C. C14932

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1 [illegible]

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Roanoke Rapids N.C

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Wilkinson

(Address) St. Joseph's Hosp

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 16 1908 that I last saw h[illegible] alive on Aug 16 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart - oedema of lungs.

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) H. W. Wilkinson M.D.

Address St Josephs Hospital

Date Aug 16 1908

Place of Burial Roanoke Rapids Enfield Co North Carolina

Date Aug 17 1908

Undertaker Henry Stocks & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.)

# CERTIFICATE OF DEATH.

No. [illegible] 95

Full Name [illegible] St.

(If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

C 14933

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: —

AGE: 69 years, — months, — days. 1

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/17 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to Aug 16 1908

that I last saw h[illegible] alive on Aug 16 1908

and that death occurred, on the date stated above, at 9.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Contributory (Primary.) Hy Prostatis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date Aug 16 1908

Place of Burial Mt Pleasant Cemetery

Date Aug 18 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C14934

97

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Gought St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna E. Wolff.

{ Residence, if in Baltimore, Give Street and Number. } 1808 Gought st

Duration of Residence in Baltimore. 25 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 8th 1849

AGE: 59 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lorenz Wolff.

(Address) 1808 Gought St

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1908 to Aug 16, 1908 that I last saw h alive on August 16, 1908, and that death occurred, on the date stated above, at 12.5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date August 16, 1908.

Place of Burial St Evangelical Cemetery

Date Aug 18/08 190

Undertaker Secretan, Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14935

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2003 Bank St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Evelyne K Croney

{ Residence, if in Baltimore, Give Street and Number. } 2003 Bank St.

Duration of Residence in Baltimore.

Liber C 14935

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 23rd 1908

AGE: ..... years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ernest C. Croney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ella E. Vain

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E. Croney

(Address) 2003 Bank St

Filed 8/17 190.....

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 — 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190.... to ——— 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inat Intestin

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Sadler Comm M.D.

Address 3202 Greene St

Date ..... 190....

Place of Burial London Park Cem

Date Aug. 17th 190 8

Undertaker T. Sadler & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C14936 Registered No. B

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 515 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jobina Dauger

{ Residence, if in Baltimore, Give Street and Number. } 515 S. Montford Ave

Duration of Residence in Baltimore. 52 years C14936

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 25th 1826

AGE 82 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Dauger

(Address) 515 S. Montford Ave.

Filed 8/17 190

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 13 1908

that I last saw h alive on Aug 13 1908,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) 13 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial Mt. Carmel Cemetery

Date Aug 17 1908

Undertaker H. Zander & Sons

Address 1718 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14937

# CERTIFICATE OF DEATH.

C14937

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alford Bortel

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

C14937

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Oct. 14. 1869

AGE 38 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Betsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Benhard

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/17 1908

8

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Aug 16 1908

that I last saw h.. alive on Aug 16 1908

and that death occurred, on the date stated above, at 1.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

1

(DURATION) — DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) W W Eaken M.D.

Address Bay View Hospital

Date Aug 16 1908

Place of Burial Sacred Heart Cem

Date Aug. 18th 1908

Undertaker H. Sander Sons

Address 1710 Lanvale Ave

WM. J. C. DULANY CO., Baltimore.

BAY VIEW ASYLUM

HARRY C. ANDREAE, PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Register ..... C14908

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. Maryland Gennal Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Lee

{ Residence, if in Baltimore, Give Street and Number. } 2606 Stevens Court

Duration of Residence in Baltimore. 51 years

C14938

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 51 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Sadler

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence O Lee

(Address) 2606 Stevens Court.

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16, 1908.

I HEREBY CERTIFY, That I attended deceased from June 14, 1908 to Aug. 16, 1908

that I last saw her alive on Aug. 16, 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Repeated strokes of paralysis (hemiplegia) and retaining exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. W. Street M.D.

Address Md Genl Hospital

Date Aug 16 1908.

Place of Burial Mt Olivet

Date Aug. 18 1908

Undertaker Wm Cook

Address 502 E Northan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 7002 Dawson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary P Dakin

Residence, Give Street and Number, 7002 Dawson St.

C14939

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Aug 9 1866

AGE 42 years, — months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto md

FULL NAME OF FATHER Chas Rummell

BIRTHPLACE OF FATHER (State or county) md

MAIDEN NAME OF MOTHER Mary A Boundy

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Crumpton

(Address) 2415 E Baltimore St

Filed 8/17 1908 Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Aug 15 1908

that I last saw h alive on Aug 14 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis (DURATION) ..... DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) R. S. Kirk M. D.

Address 1610 E. Baltimore St

Date Balto. Aug 16/08. 190

Place of Burial Old Methodist Cemetery

Date Aug 18 190

Undertaker Robt Timmes

Address 1422 N. Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1146 Columbia St.

(If Deceased in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Davis

{Residence, if in Baltimore, Give Street and Number.} 1146 Columbia ave

Duration of Residence in Baltimore. Lifetime

C14740

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 15 1908

AGE: 34 years, ..... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Chas W. Davis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza J Hutchinson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eliza Davis

(Address) 1146 Columbia ave

Filed 8/17 1908

F. X. J. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to Aug 15 1908

that I last saw h[illegible] alive on Aug 15 1908,

and that death occurred, on the date stated above, at [illegible] M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Collapse

(DURATION) 6 hours

Contributory (Primary.) Chronic Nephritis

(DURATION) 3 years

(Signed) Harry Boyd M.D.

Address Cor 2 Columbia ave

Date Aug 16 1908

Place of Burial Mt Olivet Cem

Date Aug 18 1908

Undertaker H. B. Cook

Address 1003 N Bacon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14941

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Carney or Lucy Carney

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX F | COLOR W. |
| DATE OF BIRTH — 1 | |
| AGE 53 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | W. |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Music Teacher |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/17 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Aug 15 1908 that I last saw h alive on Aug 15 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) 10 DAYS

Contributory (Primary.) Caries of the Spine — (DURATION) DAYS

(Signed) W. H. Baker M.D.

Address Bay View Hospital

Date Aug 15 1908

Place of Burial Western Cem

Date August 20 1908

Undertaker Joseph B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

P. O. STATION J., BALTIMORE, MD. D. E. RAYMOND, SURVEYOR.

C 14941

Baltimore Aug 17th 1906

Dr. James Bosley
Health Commissioner
City Hall Annex
Dear Sir

The death certificate given on the 10th inst for Lucy Looney should have read Lucy Looney or Looney - She was admitted as Lucy Looney but we later were informed her proper name was Looney and papers found after her death showed the latter was correct -

Yours truly
James Holliday
Supt

Accident, and the cause and date of death.

Ward 16

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Leo Rosenstiel

{ Residence, if in Baltimore, Give Street and Number. } 1105 Clifton Place

Duration of Residence in Baltimore. Lifetime

C 14942

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 11 1834

AGE 74 years, 4 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Rosenstiel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Victoria O'Meare

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1105 Clifton Place

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16 1/4 1908.

I HEREBY CERTIFY, That I attended deceased from July 26 1/4 1908, to Aug. 16 1/4 1908.

that I last saw him alive on Aug. 16 1/4 1908.,

and that death occurred, on the date stated above, at 12.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart - Block

(DURATION) 3 DAYS

Contributory (Primary.) Adams - Stokes disease (DURATION) 21 DAYS

(Signed) [illegible] M.D.

Address 1103 Valley St.

Date Balto. Aug. 17 1/4 1908.

Place of Burial Cathedral

Date Aug 19th 1908

Undertaker H. C. Weidefeld

Address 916 E Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPT.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

014943

Registered No. B.....

City of Baltimore, (No. 46, E. Hill St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Luke Morgan.

*PERSONAL AND STATISTICAL PARTICULARS*

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH (Month) (Day) (Year) | — — 1850 |
| AGE | 58 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Dont know |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Dont know |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Morgan

(Address) 46 E Hill St

Filed 8/17 1908

Registrar

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH August (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Aug 15 1908 that I last saw h[illegible] alive on Aug 14 1908, and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Interval (DURATION) ..... DAYS

Contributory Acute Indigestion

(DURATION) 1½ DAYS

(Signed) Wm B McNeal M. D.

Aug 15 1908 (Address) 1305 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | Aug 18 1908 |
| UNDERTAKER | ADDRESS |
| F. A. Krause & Bro | 703 Hanover |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, ***age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

Reg. No. 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Nora Wilson Sanitarium St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanny Porter

Residence, Give Street and Number, 148 Ryan St

Duration of Residence in Baltimore, born C14944

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| female | black |

DATE OF BIRTH ~~August~~ Feb 14 1906

AGE ..... years, 6 months, ..... days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER George Porter

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Rosie Brooks

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED ~~Domestic~~ None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Porter

(Address) ~~748~~ 1514 Ryan St

Filed 8/17 1908.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 14 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to Aug 14 1908

that I last saw h[illegible] alive on Aug 14 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 6 wks DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. McKaig Jr M. D.

Address 804 Cathedral St

Date Aug 16 1908

Place of Burial Sharp St Cemetery

Date Aug 17 1908

Undertaker Wilbur A Shriver

Address 916 Fremont ave n

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH.

44

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Sullivan

{ Residence, if in Baltimore, Give Street and Number. }

C14945

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: W. |
| DATE OF BIRTH: 1827 | |
| AGE: 81 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single | |
| BIRTHPLACE (State or country): Ireland | |
| FULL NAME OF FATHER: John Sullivan | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: Elizabeth Lehey | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: Servante | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 8/17 1908 Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Aug. 17th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Aug 13 1908,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of face

1 year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Aug 17 1908

Place of Burial Holy Cross

Date Aug 18 1908

Undertaker Henry Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

71

(Place of Death.) No. 815 S. Dallas St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Agatha Sobus

{Residence, if in Baltimore, Give Street and Number.} 815 S. Dallas St.

Duration of Residence in Baltimore. Since birth.

C14946

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 4 1908

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Michael Sobus.

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anna Chapas.

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Sobus.

(Address) 815 S. Dallas St

Filed 8/17 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1908 to Aug. 17 1908

that I last saw her alive on Aug. 17 1908,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Hydrocephalus

(DURATION) 1 DAYS

(Signed) J. C. Stephason M.D.

Address 4 N. Bond

Date Aug 17 1908

Place of Burial Mt Olivet

Date Aug 18 1908

Undertaker Joseph Horocotski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker employed to bury the body, a certificate setting forth, as far as the same can be ascertained, the **full name**, the **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C14947

Registered No. B.....

City of Baltimore, (No. 634 Stirling St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann L. Gibbs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: August 24 1833 (Month) (Day) (Year)

AGE: 75 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Anderson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Chamberlain

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. O'Herron

(Address) 634 Stirling St.

Filed 8/17 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to August 16 1908 that I last saw her alive on August 15 1908, and that death occurred, on the date stated above, at 9.25 P. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis
Gastritis

(DURATION) 64 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) Daniel J. Bell M. D.

Aug 19 1908 (Address) 1516 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincent's

DATE OF BURIAL: Aug 18 1908

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C14948 Registered No. C C14948

# CERTIFICATE OF DEATH. 119

(Place of Death.) No. 717 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Scheuermann

Residence, Give Street and Number, 717 N Chester st

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Oct. 26 1843

AGE 35 years, 9 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~ Widow

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Michael Schamek

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Ann Schamek

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Scheuermann

(Address) 717 N Chester st

Filed 8/17 1908

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 15 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Aug 15 1908

that I last saw h alive on Aug 15 1908

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

acute Nephritis

(DURATION) 6 wks 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Wentzen M. D.

Address 16 S Broadway

Date Aug 15 1908

Place of Burial Holy Redeemer Cem

Date Aug 18 1908

Undertaker Geo M. Fink

Address 811 N. Wolfe st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES TO BE FILLED OUT BY THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C14949

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Mercy Wilson Sanitarium St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irony Isaacson

Residence, Give Street and Number, 1742 Orleans St.

Duration of Residence in Baltimore, 1 year

C14949

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 12 months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Harry Isaacson

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Wolfson

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Isaacson

(Address) 1742 Orleans St

Filed 8/17 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 17th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 17 1908

that I last saw her alive on Aug 17 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Gastro intestinal intoxication

(DURATION) 20 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John Knox Jr M. D.

Address 801 Cathedral St.

Date Aug 17 1908

Place of Burial Helma Roundale Cemetery

Date Aug. 17, 1908

Undertaker Max Lennin

Address 1620 Mc Elderry St.

Remarks

Registered No. C

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Shapiro

Residence, Give Street and Number, 124 S. Eden St C14950

Duration of Residence in Baltimore, 6 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH ..... 1

AGE 28 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Wasorusky

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Baer.

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 17. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1908 to Aug 17 1908

that I last saw her alive on Aug 17 1908

and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R. H. Baker M. D.

Address Bay View Hospital

Date Aug. 17. 1908.

Place of Burial Rosedale Cemetery.

Date Aug 18. 1908.

Undertaker McCann - Carroll

Address 1227 Madison St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

*Section 2. And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS. C14951

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2605 Boone St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Stewart

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 25 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Lloyd Stewart.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Hellum

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Stewart

(Address) 2605 Boone St.

Filed 8/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Aug 15 1908 that I last saw him alive on Aug 5 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

About one year (DURATION) ..... DAYS

Contributory Asthma

Several weeks (DURATION) ..... DAYS

(Signed) E. K. Ballard. M. D.

Aug 16 1908 (Address) 1622 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 8/18/1908

UNDERTAKER: John H. Toadvine

ADDRESS: 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

**from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

**within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, the *cause and date of death.***

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 110 Perry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name (Infant) of Mary Lessie Fraser

{Residence, if in Baltimore, Give Street and Number.} #110 Perry St C14952

Duration of Residence in Baltimore. 6 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M | COLOR: B |
| DATE OF BIRTH: Aug 10th 1908 | |
| AGE: — years, — months, 6 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: — | |
| BIRTHPLACE (State or country): 110 Perry St | |
| FULL NAME OF FATHER: Hartford Fraser | |
| BIRTHPLACE OF FATHER (State or country): North Thompson Co Va | |
| MAIDEN NAME OF MOTHER: Mary Thomas | |
| BIRTHPLACE OF MOTHER (State or country): Va | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

170

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1908 to Aug 16 1908

that I last saw h— alive on Aug 15 1908

and that death occurred, on the date stated above, at 4 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Examination

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo A Strauss Jr M.D.

Address City

Date Aug 16 08

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date AUG 17 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL,

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

...ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...**ur hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as ...ertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes o furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person , and the ***cause and date of death.***

19

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 Stirling St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Louis Fred. Baerschmidt (Baerschmidt)

{ Residence, if in Baltimore, Give Street and Number. } Life time

Duration of Residence in Baltimore.....

C 14953

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 14 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Peter Baerschmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Depkisch

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Depkisch

(Address) 1020 Stirling St

Filed 8/18 1908

HARRY O. ANDREWS
PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 16. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13. 1908 to Aug. 16. 1908

that I last saw him alive on Aug. 16. 1908

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexie of the Heart

(DURATION) — DAYS

Contributory (Primary) Valvular insufficiency

(DURATION) 60 DAYS

(Signed) E. J. Lehr M.D.

Address 1001 Pierpoint St.

Date Aug. 16. 1908. 190

Place of Burial Holy Redeemer

Date Aug 18 1908

Undertaker Henry Breck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

1020

17

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 515 S. Caroline St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Naomi Hinton

{Residence, if in Baltimore, Give Street and Number.} 515 S. Caroline St

C14954

Duration of Residence in Baltimore. 5 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: February 24 1908

AGE: ....years, 5 months, ....days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frederick D Hinton

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Idella Hinton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hinton Jr

(Address) 515 S. Caroline St

Filed

8/18 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1908

I HEREBY CERTIFY, That I attended deceased from August 15 1908 to August 16 1908 that I last saw h er alive on August 16 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS.

(Signed) Charles H. Stutemaud M.D.

Address 2027 McCulloh St

Date August 17 1908

Place of Burial Laurel

Date August 18th 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate h, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 219 Herring Court- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Collins

{ Residence, if in Baltimore, Give Street and Number. } 219 Herring Court-

C4955

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR Col |
| DATE OF BIRTH | 1 |
| AGE | 42 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Easton Shore Md |
| FULL NAME OF FATHER | John Sulvin |
| BIRTHPLACE OF FATHER (State or country) | Easton Shore Md |
| MAIDEN NAME OF MOTHER | Lizie Sulvin |
| BIRTHPLACE OF MOTHER (State or country) | Easton Shore Md |
| OCCUPATION OF DECEASED | Hous Wark |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Mathueus

(Address) 219 Herring Ct

Filed 8/18 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 = 190 8

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comer M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial Mt Zion Cemetery

Date August 18 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1811 Light St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Ellen Flemister (Flemister)

{Residence, if in Baltimore, Give Street and Number.} 1811 Light St.

Duration of Residence in Baltimore. 24 yr. C14956

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH | |
| AGE: 65 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Va. | |
| FULL NAME OF FATHER: Thos Hammon | |
| BIRTHPLACE OF FATHER (State or country): Va | |
| MAIDEN NAME OF MOTHER: Unknown. | |
| BIRTHPLACE OF MOTHER (State or country): Unknown. | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Flemister

(Address) 1811 Light St.

Filed 8/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| DATE OF DEATH | Aug 15th 1908 |

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1908 to Aug 15th 1908 that I last saw h— alive on Aug 15th 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's

Hamilton.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W H Hayden M.D.

Address 1425 Light St.

Date Aug 17th 1908

Place of Burial Mt Olivet Cem.

Date AUG 19 1908 190

Undertaker John F Fahey & Son

Address 1735 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

# CERTIFICATE OF DEATH.

9

(Place of Death.) No. 719 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Loretta Colea

{Residence, if in Baltimore, Give Street and Number.} 849 Carrollton Ave

C14957

Duration of Residence in Baltimore. 1 yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 15 1907

AGE: 1 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thos. Joseph Colea

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Catherine Rainey

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address)

Filed 8/18 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Aug 17 1908

Assistant

that I last saw h — alive on Aug 17 1908;

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tyfoid

(DURATION) DAYS

Con'tributory (Primary.) Diptheria

Pleurisy (DURATION) DAYS

(Signed) Robt F Bay M.D.

Address University Hospital

Date Aug 17 1908

Place of Burial New Cathedral

Date Aug 18th 1908

Undertaker John J Fields

Address 1201 E. Lombard st

Funeral Aug. 18 3 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating the burial, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1313 Hoodyear St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Ruth Rice

{ Residence, if in Baltimore, Give Street and Number. } 1313 Hoodyear St

C14958

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR White |
| DATE OF BIRTH June 16-1908 | |
| AGE — years, 2 months, 6. days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Child |
| BIRTHPLACE (State or country) | Baltimore Md. |
| FULL NAME OF FATHER | Jos. Jos. Rice |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Elizabeth Maiers. |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore Md |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo B Shannon

(Address) 700 N. Fulton ave

Filed 8/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1908 to Aug 17 1908 that I last saw her alive on Aug 14 1908, and that death occurred, on the date stated above, at 8 35 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) Geo B Shannon M.D.

Address 700 N. Fulton ave

Date Aug 17. 1908

Place of Burial Pt Peters, Lem —

Date Aug 18 th 1908

Undertaker Wm Taylor & Sons

Address 626 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person , and the **cause and date of death.**

Registered No. B 14959

112

# CERTIFICATE OF DEATH.

(Place of Death.) No. 52 S Dulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

*Full Name* Rachel J Peacock

*{ Residence, if in Baltimore, Give Street and Number. }* 52 S Dulton Ave

C14959.

*Duration of Residence in Baltimore.* Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 19 1830

AGE 78 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Nicholas Wyant

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Maddox

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Emma Peacock

(Address) 52 S Dulton Ave

Filed 8/18 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17. 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1908 to Aug 17 1908

that I last saw her alive on Aug 17 1908

and that death occurred, on the date stated above, at 12m

M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

(DURATION) 26 DAYS

Contributory (Primary) Exhaustion from

(DURATION) 26 DAYS

(Signed) J M Wilson M.D.

Address 1733 Hollins Ave

Date Aug 17th 1908

Place of Burial Loudon Park

Date Aug-19 1908

Undertaker W J Lockwood Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

...MENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

C14960

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 711 N. Lafayette Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah J. Warfield

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year) | |
| AGE: 89 years, 2 months, 18 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Balto. |
| FULL NAME OF FATHER | H Merryman |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCC... OF... | |

THE ...TED PERSONAL PARTICULARS ARE TRUE TO THE BE... OWLEDGE AND BELIEF.

Wm Warfield
711 N Lafayette st

8/18/08
Registrar

WM. J. C. DULANY CO., BALTIMORE.

HARRY ... PERMIT CLERK.

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| DATE OF DEATH: Aug. 16 (Month) (Day) | 1908. (Year) |

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at 9 9 M. The CAUSE OF DEATH was as follows:

Old age & general debility

.....(DURATION).....DAYS

Contributory Ca Lancaster

.....(DURATION).....DAYS

(Signed) Silas Baldwin M. D.

Aug. 17 1908. (Address) 700 N. Lafayette Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemy | Aug 18 1908 |
| UNDERTAKER: W J Dehner & Sons | ADDRESS: Camden & Paca St |

...cts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City...

...CTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall ...ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... *four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as ascertained, the ... full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date...

Registered No. C 14961

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. 14

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. Randall

Residence, Give Street and Number, 2431 Hoster Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH Nov. 8 1

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Henry Randall

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Catharine Smith

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Supt. BAY VIEW ASYLUM.

(Address)

Filed 8/18 1908

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 17, 1908.

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Aug. 17. 1908

that I last saw h[illegible] alive on Aug 17. 1908

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Neuritis

(DURATION) 30 DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Aug 17 1908.

Place of Burial Holy Cross

Date Aug 19 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK L

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ... forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ... d, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

11

(Place of Death.) No. 943 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annastasia Kerka

{ Residence, if in Baltimore, Give Street and Number. } 943 N. Durham st.

C 14962

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 9 1908

AGE: ..... years, ..... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Vaclav Kerka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Frances Maksa

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Kerka

(Address) 943 N. Durham

Filed 8/18 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 17 1908

that I last saw h.. alive on .. 190.. 8.

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Infantile Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Endocarditis (DURATION) ..... DAYS

(Signed) W. J. Lyons M.D.

Address 1004 Ashland Ave

Date Aug. 18 1908

Place of Burial St. Alphonsus

Date August 19 1908

Undertaker Frank Leverich & Son

Address 1904 Ashland Ave

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

...LTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C14963
105

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 214 N. Arlington Ave. St., ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Driehlmann

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH (Month) (Day) (Year) | 1 |
| AGE | ~~years~~, 3 months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | City |
| FULL NAME OF FATHER | Fredk Driehlmann |
| BIRTHPLACE OF FATHER (State or country) | City |
| MAIDEN NAME OF MOTHER | Mary Conna |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk Driehlmann

(Address) 214 N Arlington Ave

Filed 8/18 1908

Registrar

WM. J. C. CULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 17. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Aug 17, 1908 that I last saw her alive on Aug 17, 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 3 DAYS

Contributory Premature Birth

(DURATION) ..... DAYS

(Signed) F. H. Tanner M. D.

Aug 18 1908 (Address) 317 N. Eutaw Street

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: German Lutheran Cem. at Catonsville

DATE OF BURIAL: 8/18 1908

UNDERTAKER: Wm J Schilling

ADDRESS: 9 S Poppleton

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

C14964

36

(Place of Death.) No. 1062 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Milburn

{ Residence, if in Baltimore, Give Street and Number. } 1062 Argyle Ave.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: B.

DATE OF BIRTH: Jan. 16 1908

AGE: ..... years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Williams

BIRTHPLACE OF FATHER (State or country): neg.

MAIDEN NAME OF MOTHER: Carrie Milburn

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Milburn

(Address) 1062 Argyle Ave

Filed 8/18 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 18 1908

that I last saw him alive on July 14 1908,

and that death occurred, on the date stated above, at 8-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Syphilis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James H Stansfeld M.D.

Address Park ave & Monument st

Date Aug. 18 1908

Place of Burial Cathedral Ct

Date August 18 1908

Undertaker Felix B Ryle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 626 Smith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Rachel Watts

{ Residence, if in Baltimore, Give Street and Number. } 626 Smith St

C 14965

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Rachel Watts

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Holmes

(Address) 626 Smith St

Filed 8/18 1908 MARY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 16th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at —

... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave (Evening)

Date Aug. 17th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 18 1908 190 ...

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Ward 8 1906 Registered No. C

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1233 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgianna R. Donelson

Residence, Give Street and Number, 1233 N. Caroline St.

C 14966

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Dec. 1 1843

AGE 65 years, 8 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Henry Richmond

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Mary A. Fletcher

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M. Donelson

(Address) 1233 N. Caroline St.

Filed 8/18 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 16. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug. 16 1908

that I last saw her alive on Aug. 16 1908

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) A. D. Macdonald M. D.

Address 1540 N Broadway

Date August 17th 1908

Place of Burial Greenmount Cemt.

Date Wed. Aug. 19, 1908.

Undertaker Chas. F. Evans.

Address 118 & 120 W. Mt. Royal Av.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

# CERTIFICATE OF DEATH.

Registered No. B C14967

City of Baltimore, (No. 1016 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Barbara Sutor.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Aug. 3 (Month) (Day) 1838 (Year)

AGE: 90 years, ..... months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas J. Sutor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susanne A Levy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie E Everist

(Address) 1016 N. Gilmore St

Filed 8/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~July~~ 1st 1907 to August 17 1908 that I last saw h[er] alive on August 17 1908, and that death occurred, on the date stated above, at 4 a. M. The CAUSE OF DEATH was as follows:

Left Hemiplegia

(DURATION) One year ~~DAYS~~

Contributory Acute Enteritis

(DURATION) 7 DAYS

(Signed) Herbert F. Freeman M. D.

Aug 18 1908 (Address) 1304 N. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Aug 19 1908

UNDERTAKER: Chas. E. Francis

ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C14968

# CERTIFICATE OF DEATH.

56

(Place of Death.) No. Maryland Genral Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Baillie

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 3 Days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1

AGE: 29 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: David Baillie

BIRTHPLACE OF FATHER (State or country): Cumberland Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Rhoda McDermott

(Address) Cumberland Md.

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 18 1908

that I last saw h alive on Aug 18 1908,

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion resulting from Delirium Tremens.

(DURATION) 1 DAYS

Contributory (Primary) Alcoholism

(DURATION) DAYS

(Signed) Arthur W Erskine M.D.

Address Md Genl Hosp. Balto.

Date Aug 18 1908

Place of Burial Cumberland Md

Date Aug. 18th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C1496 C14969 Registered No. B 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Diehl

{ Residence, if in Baltimore, Give Street and Number. } 1125 Carroll Street Balto. Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 12 1891

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christopher Diehl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Pattern Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C F Leutbecker

(Address) 1125 Carroll st.

Filed 8/19" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 — 1908

I HEREBY CERTIFY, That I attended deceased from August 1st 1908 to Aug. 16 1908

that I last saw h alive on Aug 16 1908

and that death occurred, on the date stated above, at 5 50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 20 DAYS

(Signed) Harry L. Homer M.D.

Address Union Protestant Infirmary

Date August 16 — 1908

Place of Burial Loudon Park

Date Aug. 19 — 1908

Undertaker E M Mitchell

Address 1201 W Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C14970

Registered No. B.....

City of Baltimore, (No. 1924, N. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James, S. Stewart

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1860 (Year)

AGE: 48 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James, S. Stewart

BIRTHPLACE OF FATHER (State or country): Balto,

MAIDEN NAME OF MOTHER: Keirl

BIRTHPLACE OF MOTHER (State or country): Balto,

OCCUPATION OF DECEASED: Compositor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Stewart

(Address) 1924 N. Lexington

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from about Aug 1904 to Aug 18 1908 that I last saw him alive on Aug 17 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Locomotor Ataxia

about 4 yrs (DURATION) DAYS

Contributory Paralytic Dysentary

(DURATION) ..... DAYS

(Signed) J. H. Franck per [illegible] M. D.

Aug 18 1908 (Address) 1005 N. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery. | Aug 20 1908 |
| UNDERTAKER | ADDRESS |
| Geo J Smith Co. | 1003 Fayette St. |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 014971

City of Baltimore, (No. 1278 Battery Ave Str. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Charles D. Jones

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Aug. (Month) 10 (Day) 1864 (Year)

AGE 62 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Jones.

BIRTHPLACE OF FATHER (State or country) Accomac Co. Va.

MAIDEN NAME OF MOTHER Lydia P. Palmer

BIRTHPLACE OF MOTHER (State or country) Rumney.

OCCUPATION OF DECEASED Upholsterer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J. Jones

(Address) 127 E Battery Ave.

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18, (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to Aug 18 1908 that I last saw h[illegible] alive on Aug 17 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Syphilis & Nephritis

(DURATION) 20 DAYS

Contributory Acute Influenza Pneumonia (DURATION) 9 DAYS

(Signed) [illegible] M. D.

Aug 18 1908 (Address) 1302 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loraine Cemetery | Aug 20 1908 |
| UNDERTAKER | ADDRESS |
| Geo. J. Smith Co. | 1000 W Fayette St |

WM. J. C. DULANY CO., BALTIMORE.

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 111 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name { Father: Albert H Llewellyn / Mother: Gertrude Llewellyn

{ Residence, if in Baltimore, Give Street and Number. } 111 N. Calhoun

Duration of Residence in Baltimore. Life C14972

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ..... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert H Llewellyn

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Gertrude Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 120 W. Lombard

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 18 1908 that I last saw h alive on Aug 18 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery (6th month)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Sound M.D.

Address 1302 W. Lombard

Date Aug 18 1908

Place of Burial Mount Olivet

Date Aug. 19th 1908

Undertaker John J. Fields

Address 120 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 733 S. Luzerne St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Emily J. Evans

{ Residence, if in Baltimore, Give Street and Number. } 733 S. Luzerne

C 14973

Duration of Residence in Baltimore. 55 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 14th 1833

AGE 75 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Hudson Eaton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Cummings

(Address) 1930 Alice Ave

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 17 1908 that I last saw her alive on Aug 17 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) 20 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Fait ave

Date Aug 18 1908

Place of Burial Mount Olivet Cem.

Date Aug 19th 1908

Undertaker H. Sangler & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 716 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Hubbard

{ Residence, if in Baltimore, Give Street and Number. } 716 N. Broadway

C 14974

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Feb. 27 1830

AGE 78 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Collins

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie B. Hahn

(Address) 716 N. Broadway

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to Aug 17th 1908

that I last saw h alive on Aug 16th 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cond Chronic Nephritis: Heart failure

Dropsy

(DURATION) 6 Months 5 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Chas. B. Fugher M.D.

Address 830 N Broadway

Date Aug 18th 1908

Place of Burial Baltimore Cemetery

Date Aug. 20 1908

Undertaker Wm C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 5C14975

City of Baltimore, (No. 120 S. Bethel St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clifton Butler.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 12 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jos Butler

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Butler.

(Address) 120 S. Bethel St

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 18. (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 8 1908

that I last saw him alive on June 8 1908,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 4 months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Harry Lyman Mackall M. D.

aug 18 1908 (Address) 906 Fawcett Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... V

PLACE OF BURIAL OR REMOVAL: Asbury C | DATE OF BURIAL: aug 20 1908

UNDERTAKER: Wm J. Stockham | ADDRESS: 1421 Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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# OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C14976

City of Baltimore, (No. 884 Tyson St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Edwards

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 55 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Johnson

(Address) 884 Tyson St

Filed 8/19 1908

CLERK OF REGISTER PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 18 1908 that I last saw her alive on Aug 17 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(Illness began with Convulsions one week Before Hemorrhage)

(DURATION) 3 DAYS

Contributory Cerebral Pneumonia

(DURATION) 1 DAYS

(Signed) E-16. Ballard M. D.

Aug 18 1908 (Address) 16 E Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Aug 20th 1908

UNDERTAKER: Alex. Hemsley | ADDRESS: 938 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2308 Jefferson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Steger

{ Residence, if in Baltimore, Give Street and Number. } 2308 Jefferson St

C 14977

Duration of Residence in Baltimore. 66 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 17 1842

AGE: 66 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Nursing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 2308 Jefferson St

Filed 8/19 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 18 1908

that I last saw h.er alive on Aug 18 1908,

and that death occurred, on the date stated above, at 9:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Aortic & mitral Insufficiency

(DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 2309 Monument St

Date Aug 19 1908

Place of Burial Baltimore Cemetary

Date Aug 20 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie C. Lacey

{ Residence, if in Baltimore, Give Street and Number. } 1726 Carlisle Place

C 14978

Duration of Residence in Baltimore. 17 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1st 1846

AGE 62 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Joel Stewart

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Sarahan Price

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joel S. Lacey

(Address) 1726 Carlisle Ave.

Filed 8/19 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 12 - 1908 to Aug. 15 - 1908 that I last saw her alive on Aug. 17 - 1908, and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of right side

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date August. 18 - 1908

Place of Burial Mt Carmel Cemetary

Date Aug 20 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14979 C14979 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 108 Stafford Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edna M. Titus

{Residence, if in Baltimore, Give Street and Number.} 108 Stafford Lane C14979

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: October 26 1907

AGE: ....years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry E. Titus

BIRTHPLACE OF FATHER (State or country): Trenton N. J.

MAIDEN NAME OF MOTHER: Christina Cummings

BIRTHPLACE OF MOTHER (State or country): Frankfort Pa.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Titus

(Address) 108 Stafford St.

Filed 8/19 190 8 HARRY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to Aug 18 1908.

that I last saw h[illegible] alive on Aug 15 1908.,

and that death occurred, on the date stated above, at 7:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Nephritis

Chronic (DURATION) 4. 5 wks. DAYS

(Signed) Geo Wm Able M.D.

Address 1903 W Baltimore St.

Date August 18 1908

Place of Burial London Park

Date August 19th 1908

Undertaker Wm B. Brothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the person shall die in the said city it shall be ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occ... Hospital or In... give its Name of Street and N...

Full Name Wm. B. Nash

{ Residence, if in Baltimore, Give Street and Number. } Glyndon Md.

Duration of Residence in Baltimore.

C14980

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co. Md

FULL NAME OF FATHER: Phillip Nash

BIRTHPLACE OF FATHER (State or country): West Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen Fuss

(Address) Glyndon

Filed 8/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1908

I HEREBY CERTIFY, That I attended deceased Aug 17 1908 to Aug 18 19...

that I last saw h... alive on Aug 18 19...

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immed...

Intestinal Perforation with Fecal Peritonitis

5 hours (DURATION)

Con'tributory (Primary.) Typhoid Fever

Suspected (DURATION)

(Signed) Robt. Ray M.D.

Address University Hospital

Date

Place of Burial Dear Park Cemetery

Date Aug 20 1908

Undertaker E. D. Selby & Son

Address Reisterstown Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

# CERTIFICATE OF DEATH.

42

(Place of Death.) No. 802 Edmonson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carolina Dannenberg

Residence, Give Street and Number, 802 Edmonson Ave.

C 14981

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH: Aug. 8 1851

AGE: 57 years, months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Bernhardt Braunbrun

BIRTHPLACE OF FATHER (State or county): ~~Balto.~~ Germany

MAIDEN NAME OF MOTHER: Amelia Rosenbaum

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo. Dannenberg.

(Address) 1815 McCulloh St.

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 18. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908. to Aug 18 1908.

that I last saw her alive on Aug 18 1908

and that death occurred, on the date stated above, at 12:40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) 14 DAYS

Contributory (Primary) Carcinoma of Uterus, Vagina & Rectum (DURATION) 60 DAYS

(Signed) Robt J. Green M. D.

Address 127 W Eutaw with st.

Date Aug. 18 1908.

Place of Burial Hebrew Friendship Cem

Date Aug 20th 1908

Undertaker G. F. Kaelber

Address 723 W Lafayette ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. C 14982 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Near Wilson Line Term Mt Wilson, Md St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Samuel Simon

Residence, Give Street and Number, 901 E. Lexington St

Duration of Residence in Baltimore, 11 mos

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: years, 11 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Sam Simon

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Simon

(Address) 901 E Lexington St

Filed 8/19 1908

HARRY O. ANDREWS PERVIT CLERK. Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 18 1908

that I last saw him alive on Aug 18 1908

and that death occurred, on the date stated above, at 10

a M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis, acute

Hydropsia Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. M. Knox M.D.

Address 824 Caroline St

Date Aug 19th 1908

Place of Burial Edma Road Lake Cemetery

Date Aug. 19 1908

Undertaker Max Levinson

Address 1620 McElderry St

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ENCLOSED BY BLACK LINES THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 Burroughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel F. Shuckes

{ Residence, if in Baltimore, Give Street and Number. } 1511 Burroughs St.

Duration of Residence in Baltimore. Life C14983

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 22 1906

AGE: 1 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel F. Shuckes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: G. Saunders

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. F. Shuckes

(Address) 1511 Burroughs St

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 17 1908

that I last saw h alive on Aug 17 1908,

and that death occurred, on the date stated above, at 1a.m.

CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Con'tributory (Primary.) Acute Congestion of Lungs (DURATION) 10 DAYS

(Signed) W. E. L. Campbell M.D.

Address 1644 Hanover St

Date Aug 18 1908

Place of Burial Cedar Hill

Date Aug 20 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14984 Registered No. C 14984

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joe Gelsela

Residence, Give Street and Number, 1011 E. Fort Ave.

Duration of Residence in Baltimore, 16 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: March 19th 1907

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John Gelsela

BIRTHPLACE OF FATHER (State or couuty): Prussia

MAIDEN NAME OF MOTHER: Mary Valussa

BIRTHPLACE OF MOTHER (State or county): Prussia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gelsela

(Address) 1011 E Fort ave

Filed 8/19 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 17 August 1908

I HEREBY CERTIFY, That I attended deceased from 14 VIII 1908 to 17 VIII 1908 that I last saw him alive on 17 VIII 1908 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Nes - colitis

(DURATION) 5 Week DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Henrietta M Thomas M. D.

Address 1718 John St.

Date 17 VIII 1908

Place of Burial Holy Rosary

Date Cins 19th 1908

Undertaker Jos. Stuntebeck

Address 815 Light st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C14985 Registered No. C

# CERTIFICATE OF DEATH. C14985 1906

(Place of Death.) No. 2138 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wade Hebertem

Residence, Give Street and Number, 2138 E. Federal

Duration of Residence in Baltimore, 60 years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR W

DATE OF BIRTH ..... 1 .....

AGE 77 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mossett

(Address) 1442 N Gay

Filed 8/19 1908 HARRY ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 18 - 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 18 1908

that I last saw him alive on Aug 17 1908

and that death occurred, on the date stated above, at 6 AM. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

Diarrhoea

(DURATION) ..... DAYS

Contributory (Primary) Old age

(DURATION) ..... DAYS

(Signed) E Hebertem. M. D.

Address 1414 E Eager St

Date Aug 18 1908

Place of Burial Baltimore Cemetery

Date Aug 20th 1908

Undertaker Geo Mossett

Address 1442 N Gay St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2448 Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hasselhoff

{ Residence, if in Baltimore, Give Street and Number. } 2448 Chester St.

Duration of Residence in Baltimore. 45 years C 14986

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Hasselhoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anne. Scheurmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Upholster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hasselhoff

(Address) 2448 Chester St

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

, (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Linden Comm M.D.

Address 320 N Greene St

Date 190

Place of Burial Mt Carmel.

Date August 20 1908

Undertaker Wellcome Post

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certi ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 2300 E. Chase St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Friedrich W. Lauer

{Residence, if in Baltimore, Give Street and Number.} 2300 E. Chase St

C 14987

Duration of Residence in Baltimore. 22 years

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: May 29 1852

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: F. W. Lauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Lauer

(Address) 2300 E. Chase St

Filed 8/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August, 18th 1908

I HEREBY CERTIFY, That I attended deceased from February, 1906 to Aug. 18th 1908

that I last saw him alive on Aug 18th 1908,

and that death occurred, on the date stated above, at 9 A. M.

I. CAUSE OF DEATH (Secondary or Immediate)

When seen first suffered from Hemorrhages of lung and gradually failed when after repeated he (DURATION) 2 days

Contributory (Primary) death ensued Diagnosed Tuberculosis (DURATION) 2 mos, DAYS

(Signed) H. Steendal M.D.

Address 7151 Williams Ave

Date August, 19th 1908

Place of Burial Baltimore Cemetery

Date Aug. 21 1908

Undertaker William Pool

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C14988 Registered No. C [illegible] 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Penna Ave Lunatic Asylum Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Weston Herriman

Residence, Give Street and Number, 307 North St

Duration of Residence in Baltimore, 5 mos.

C14988

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Clk.

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Sing

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/19 1908

HARRY G. ANDREWS,
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 16 1908 190....

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to Aug 16 1908

that I last saw him alive on Aug 16 1908

and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate,)

Colo enteritis

(DURATION) 40 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. M. Hunt Jr M. D.

Address 902 Cathedral St

Date Aug 19th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 19 1908 190....

Undertaker Commissioner Health,

Address Per. Wm. T. WOODALL

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

# CERTIFICATE OF DEATH.

1908

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Woodville

{Residence, if in Baltimore, Give Street and Number.} Gay & Lexington Sts.

C 14989

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Actor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/19 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1908 to Aug. 18 1908 that I last saw him alive on Aug. 17 1908 and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary) Chronic nephritis (DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address City Hospital

Date Aug. 18 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 19 1908 1908

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

1

as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 8 .....

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 617 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Czolba.

Residence, Give Street and Number, 617 S Ann st

Duration of Residence in Baltimore, About 25 years

C14990

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, . months, ' days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Pennsylvania.

FULL NAME OF FATHER: Frank Dit.

BIRTHPLACE OF FATHER (State or county): German Poland.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or county): German Poland.

OCCUPATION OF DECEASED: Honse wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Czolba. Husband

(Address) #617 S. Ann St.

Filed 8/19 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 18th 1908

about I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Aug 18th 1908

that I last saw her alive on Aug 18th 1908

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) ..... DAYS

Contributory (Primary) Tuberculosis Pulmonalis

(DURATION) ..... DAYS

(Signed) C. N. Kilroy M. D.

Address 3200 Hudson st

Date Aug 18th 1908

Place of Burial St Stanislaus

Date Thursday Aug 20th 1908

Undertaker M. S. Sadowski.

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1818 N Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary C. Young

Residence, Give Street and Number, 1818 N. Bond St

Duration of Residence in Baltimore, Life

C 14991

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH .....

AGE 61 years, — months, — days

~~SINGLE,~~ MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Francis Lowery

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Matilda Sapp

BIRTHPLACE OF MOTHER (State or county) France

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1818 N. Bond St

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

Dr Clewell

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 18, 1908

I HEREBY CERTIFY, That I attended deceased from July 10, 1908 to Aug. 18, 1908

that I last saw her alive on Aug. 14, 1908

and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Anaemia & General Debility

Several weeks (DURATION) ..... DAYS

Contributory (Primary) The high temperature part few weeks (DURATION) ..... DAYS

(Signed) R. R. Clewell M. D.

Address 1741 Hanover ave

Date Aug. 18, 1908

Place of Burial Holy Cross

Date Aug 20 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2107 E. Chase St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Marie A. Kelly

Residence, Give Street and Number, 2107 E. Chase St.

Duration of Residence in Baltimore, Life

C14992

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 11 1908

AGE: 0 years, 0 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: John A. Kelly

BIRTHPLACE OF FATHER (State or county): Balto City

MAIDEN NAME OF MOTHER: Sylvia Gebhardt

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Kelly

(Address) 2107 E. Chase St.

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 19 1908

that I last saw her alive on Aug 18 1908

and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate,

Congenital debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. H. Hayward M. D.

Address 1232 N. Caroline

Date 8/19 1908

Place of Burial Holy Cross Cemetery

Date Aug 19 1908

Undertaker Henry Heck & Son

Address 1301 E. Eager St.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 917 Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph McElroy

{ Residence, if in Baltimore, Give Street and Number. } 917 Appleton St.

Duration of Residence in Baltimore. During his life C 14993

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | August 18th 1908 |
| AGE | 63 years, 9 months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | John McElroy |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Do not know. |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Plasterer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice J. McElroy

(Address) 917 Appleton St.

Filed 8/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Aug 18 1908 that I last saw h im alive on Aug 18 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (~~Secondary or Immediate~~)

Pulmonary tuberculosis.

about 1½ yrs DAYS
(DURATION)

Con'tributory (Primary.)
(DURATION) DAYS

(Signed) M B Hood M.D.

Address 604 N. Gilmor St.

Date Aug 19 1908

Place of Burial

Date Aug 21 1908

Undertaker Wm Cook

Address 572 E Monk Av

WM. J. C. DULANY CO., BALTIMORE.

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 713 S. Caulton Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip E Dorries

{Residence, if in Baltimore, Give Street and Number.} 713 S. Caulton Av.

C 14994

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: white |
| DATE OF BIRTH | March 7 1908 |
| AGE | ..... years, 5 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Philip Dorries |
| BIRTHPLACE OF FATHER (State or country) | Md. |
| MAIDEN NAME OF MOTHER | Eliz. E. Roberts |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Dorries

(Address) 713 Caulton Ave

Filed 8/19 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 18 1908 that I last saw h[illegible] alive on Aug 18 1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 11 DAYS

Contributory (Primary.)

Asthma (DURATION) 2 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caulton Av.

Date Aug - 19 1908

Place of Burial Mount Olivet Cemetery

Date Aug 20 1908

Undertaker Louis Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. Rose Hill, Waverly, City. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Gordon Hardie

{ Residence, if in Baltimore, Give Street and Number. } Rose Hill, Waverly, Balto

Duration of Residence in Baltimore. 40 years.

C 14995

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Aug — 1 — 1840 |
| AGE | 68 years, — months, 17 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | Scotland |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | " |
| MAIDEN NAME OF MOTHER | " |
| BIRTHPLACE OF MOTHER (State or country) | " |
| OCCUPATION OF DECEASED | Gas Keeper |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J C. Daugherty

(Address) 622. Gender Ave

Filed 8/19 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to Aug 18 1908 that I last saw h im alive on Aug 15 1908, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope.

(DURATION) DAYS

Contributory (Primary.) Chronic Gastritis.

(DURATION) DAYS

(Signed) John Evans M.D.

Address 602 Eutaw Ave

Date Aug 15, 1908

Place of Burial Loudon Park

Date Aug-20 th 1908

Undertaker John B Spence

Address 1325 N. Carlton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Meyer

{Residence, if in Baltimore, Give Street and Number.} 2120 Wilhelm St.

Duration of Residence in Baltimore. 22 yrs.

C14996

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 1870

AGE 38 years, — mont's, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John Meyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Renna

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie C Lopeni

(Address) 2120 Wilhelm

Filed 8/19 1908

HARRY O. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug. 18 1908

that I last saw h[illegible] alive on Aug. 18 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Con'ributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) Wm J Schmit M.D.

Address City Hospital

Date Aug. 18 1908.

Place of Burial Louden Park

Date Aug 21 1908

Undertaker Robert T Turner

Address 1442, N Broadway,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C14997

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1615 Gough St. Baltimore City St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Edward Friling

{Residence, if in Baltimore, Give Street and Number.} 1615 Gough St.

Duration of Residence in Baltimore. All time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Whit

DATE OF BIRTH: Aug. 19. 1908

AGE: ---- years, ---- months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Ferdynand Friling

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Katherine Kurowska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fre. Friling

(Address) 1615 Gough St

Filed 8/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 19 August 1908

I HEREBY CERTIFY, That I attended deceased from 6 August 8 AM 1908 to 19 August 1/2 P.M. 1908 that I last saw h[im] alive on 19 August 1908 and that death occurred, on the date stated above, at 1 1/2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. Joseph Abramovitz M.D.

Address 19 August 578 S. Broadway Baltimore

Date 19 August 1908

Place of Burial Holy Rosary

Date August 20 Th 1908

Undertaker William Fralkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C14998 Registered No. C

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1702 Overton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad R. Burnes

Residence, Give Street and Number, 1702 Overton St. C 14998

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 7 years, 8 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Child

BIRTHPLACE (State or county): Ind

FULL NAME OF FATHER: Thomas Burnes

BIRTHPLACE OF FATHER (State or couuty): Ind

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or county): Ind.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Burnes

(Address) 1702 Overton St

Filed 8/19" 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Aug 18 1908

that I last saw him alive on Aug 16 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Gastro Enteritis (septic) 4 days

and Convulsions (DURATION) 14 DAYS

(Signed) Laughlen Bayley M. D.

Address 1424 Eutaw Pl

Date Aug 19 1908

Place of Burial Ont Auburn Cem

Date Aug 20th 1908

Undertaker Alex Hemsley

Address 578 W Biddle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C14999

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 933 Lindsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Norris

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ~~years~~, 2 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Clarence Norris

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Barbara Klaus

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Klaus

(Address) 933 Lindsay ave

Filed 8/20 " 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 19. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug 19 1908 that I last saw h[er] alive on Aug 18 1908, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Marasmus

one birth (DURATION) ..... DAYS

Contributory Diarrhea — Gas. two-3 months (DURATION) 14 DAYS

(Signed) Wm J McDonald M. D.

Aug 19 1908 (Address) 1305 Linsdale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Alphonsus — DATE OF BURIAL: 8/20 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 7 S Poppleton

Registered No. B .....

# CERTIFICATE OF DEATH.

8

(Place of Death.) No. 1206 Whalcroat St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph H Williams

{Residence, if in Baltimore, Give Street and Number.} 8-9-

C15000

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Enoch Williams

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Minnie Hodges

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enoch Williams

(Address) 1206 Whalcroat St

Filed 8/20 1908

PERMIT CLERK.

[illegible] Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19 1908 to Aug 19 1908 that I last saw h[illegible] alive on Aug 19 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

(DURATION) 9 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Thomas Fulson M.D.

Address 1300 N. Stricker

Date Aug 19 1908

Place of Burial St Peters

Date Aug 21st 1908

Undertaker Stanton & Dwight

Address 1264 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15001

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 813 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of R G and Isabell Mowbray
Full Name

{Residence, if in Baltimore, Give Street and Number.} 813 Harlem Ave.

Duration of Residence in Baltimore. Life

C15001

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 19, 1908

AGE: ..... years, ..... months, 2 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: R. G. Mowbray

BIRTHPLACE OF FATHER (State or country): Easton, Md.

MAIDEN NAME OF MOTHER: Isabell Elliott

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. G. Mowbray

(Address) 813 Harlem Ave.

Filed 8/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1908 to Aug. 19, 1908 that I last saw h-r alive on Aug. 19, 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
6 months Gestation

(DURATION) 2 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Cunningham M.D.

Address 653 Columbia Ave.

Date Aug 19, 1908

Place of Burial London Park Cemetery

Date Aug. 20, 1908

Undertaker Geo. L. Smith Co.

Address 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

Ward 10 C15002 Registered No. C C15002

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1202 Greenmount Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Way Maher

Residence, Give Street and Number, 1202 Greenmount Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH Aug 10" 1907

AGE 1 years, — months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER William J Maher

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Rosa A. Way.

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Maher

(Address) 1202 Greenmount Ave

Filed 8/20 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Aug 18 1908

that I last saw h— alive on Aug 18 1908

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) 2 Days

Contributory (Primary)

(DURATION) DAYS

(Signed) James M Faulon M. D.

Address 1516 Chancellor

Date Aug 18 1908

Place of Burial New Cathedral Cem

Date Aug 20" 1908

Undertaker A. F. Philbin

Address 1711 Maryland Ave

Remarks

C15003

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1109 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Jr. Herrman

{Residence, if in Baltimore, Give Street and Number.} 1109 S. Paca St.

Duration of Residence in Baltimore. 36 years. C15003

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male. |
| COLOR | White |
| DATE OF BIRTH | Aug 24th 1850 |
| AGE | 57 years, 11 months, 24 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Ferdinand Herrman |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Unknown. |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Cabinate Maker. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Herrman.

(Address) 1109 S. Paca St.

Filed 8/20 1908

HARRY O. INDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to Aug 18 1908

that I last saw him alive on Aug 18. 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N Lafayette

Date 190

Place of Burial London Park Cemetery

Date Aug. 21. 1908

Undertaker Carr & Sons John H. Tempel

Address 80 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

# CERTIFICATE OF DEATH.

015004

Registered No. B.....

City of Baltimore, (No. 2908 Walbrook Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daisy S Roeth

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Oct (Month) 13 (Day) 1874 (Year)

AGE 33 years, 10 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Columbus Shipley

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Catherine Blizzard

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph Roeth

(Address) 2908 Walbrook Ave

Filed 8/20 1908

HARRY C. ANDREWS,
Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug. 19 1908 that I last saw her alive on July 20 1908, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis.
(Parenchymatous)

About 8 years. (DURATION) ..... DAYS

Contributory Uraemic convulsions..
(two hours) (DURATION) ~~DAYS~~

(Signed) E. L. Whitney M. D.

Aug 19 1908 (Address) 1703 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Providence Cemetery | DATE OF BURIAL Aug 21 1908

UNDERTAKER Jos B Cook | ADDRESS 1003 N Bell

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 925 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza L Erich

{Residence, if in Baltimore, Give Street and Number.} 925 E Preston St

C15005

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 8 1845

AGE 62 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Baetjer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa A. Bruegle

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. F. Erich

(Address) 925 E Preston St

Filed 8/20 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18th 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Aug 18th 1908

that I last saw h er alive on Aug 17th 1908

and that death occurred, on the date stated above, at 12-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio Sclerosis

Jan. (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H H Chambers M.D.

Address 18 W Franklin St

Date Aug 20th 1908

Place of Burial Green Mount Cemetery

Date August 21 1908

Undertaker Joseph B Cook

Address 1003 Bk Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1340 Garrett ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwina Alexander

{Residence, if in Baltimore, Give Street and Number.} 1340 Garrett Ave.

C15006

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 30 to 1907

AGE: ..... years, 11 months, 19 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Opton Alexander

BIRTHPLACE OF FATHER (State or country): Shelby N.Ca.

MAIDEN NAME OF MOTHER: Cristina Salmon

BIRTHPLACE OF MOTHER (State or country): Wilmington Del.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Opton Alexander

(Address) 1340 Garrett ave.

Filed 8/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 19, 1908 that I last saw h-r alive on Aug 17 1908 and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Since birth (DURATION) DAYS

Con'tributory (Primary.) Diarrhea (Gastro-Intestitis) (DURATION) 10 DAYS

(Signed) Wm. McDonald, M.D.

Address 1305 Linden ave

Date August 19, 1908.

Place of Burial Cedar Hill

Date Aug 20 1908

Undertaker Jos. Stanbleck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C15007 Registered No. C C15007

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 713 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C. Uhl

Residence, Give Street and Number, 713 S. Montford Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH May 30th 1908

AGE — years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Henry Uhl

BIRTHPLACE OF FATHER (State or county) Balto Co

MAIDEN NAME OF MOTHER Sophia Doyle

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry Uhl

(Address) 2902 Union Ave

Filed 8/20 1908

HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 18 — 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 18 1908

that I last saw her alive on " 18 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro-Enteritis

2 (DURATION) , DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) Chas Neer M. D.

Address 619 Park Ave.

Date Aug. 19 1908

Place of Burial St Germain Cem

Date Aug 20th 1908

Undertaker H. Nicolay & Son

Address 1810 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

114

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Douglas Glascoe

{Residence, if in Baltimore, Give Street and Number.} 1333 N. Stricker St

Duration of Residence in Baltimore. Life

C 15008

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug 4 1908

AGE: ____ years, ____ months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1333 N Stricker St

FULL NAME OF FATHER: James Glascoe

BIRTHPLACE OF FATHER (State or country): Prince George Co Md

MAIDEN NAME OF MOTHER: Mabel F Chase

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Geo A Edmunds

(Address) Md Homo. Hospital

Filed 8/20 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 19th 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h____ alive on ____ 190 ____

and that death occurred, on the date stated above, at ____

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lung

(DURATION) 2 DAYS

Contributory (Primary) Tuberculosis

(DURATION) ____ DAYS

(Signed) George H Edmunds Interne M.D.

Address at Maryland Homo. Hospital

Date Aug 19 1908

Place of Burial Mt Jam

Date Aug 20 1908

Undertaker R L Parkinson Co

Address 213 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15009

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ruth Samet

{Residence, if in Baltimore, Give Street and Number.} 1259 East Lexington Str

C15009

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: years, 12 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Mike Samet

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lottie Basinet

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Samet

(Address) 1259 E Lexington St

Filed 8/20 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 20 1908 that I last saw her alive on Aug 20 1908 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strauss M.D.

Address Johns Hopkins Hospital

Date Aug. 20 1908

Place of Burial Helena Herring Run

Date Aug. 20 1908

Undertaker Mary Lennon

Address 1620 McCulloh st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

118

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Heeney

{ Residence, if in Baltimore, Give Street and Number. } 1939 Bridgewood Ave

Duration of Residence in Baltimore.

C15010

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John J Heeney

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa P Kise

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Heeney

(Address) 1939 Bridgewood Ave

Filed 8/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Aug 19 1908 that I last saw him alive on Aug 19 1908, and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 1 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 3 DAYS

(Signed) Arthur W. Erskine M.D.

Address Md Gen Hosp. Balto

Date Aug 19 1908

Place of Burial Loudon Park

Date Aug 21 1908

Undertaker Wm Cook

Address 622 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

C 1501 1

# CERTIFICATE OF DEATH. 109

(Place of Death.) No. 209 N. Gunity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margeret Murphy

{ Residence, if in Baltimore, Give Street and Number. } 209 N. Gunity St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John J. Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Baker

BIRTHPLACE OF MOTHER (State or country) Phila.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Murphy

(Address) 209 N. Gunity St

Filed 8 20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 19 1908 that I last saw h alive on Aug 19 1908 and that death occurred, on the date stated above, at —M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception, ileo-

(DURATION) DAYS

Con'ributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J. E. Conrad M.D.

Address 1302 W. Lombard St

Date Aug 19 1908

Place of Burial New Cathedral Cem

Date aug 20 1908

Undertaker John J. Conrad

Address 1901 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

60

(Place of Death.) No. 107 E. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Johnson Baldwin.

{ Residence, if in Baltimore, Give Street and Number. } 107 E. 25th St.

Duration of Residence in Baltimore. 4 mos.

C15012

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH November 19th 1841

AGE 67 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Delaware Co Penna

FULL NAME OF FATHER Eli Baldwin

BIRTHPLACE OF FATHER (State or country) Delaware Co Penna

MAIDEN NAME OF MOTHER Esther Clark

BIRTHPLACE OF MOTHER (State or country) Delaware Co Penna

OCCUPATION OF DECEASED Foreman Iron Worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Baldwin Gilman

(Address) 107 E. 25th St.

Filed 8/20 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19th 1908

I HEREBY CERTIFY, That I attended deceased from April 19th 1908 to Aug 19th 1908

that I last saw him alive on Aug 19th 1908

and that death occurred, on the date stated above, at 11

11. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

(DURATION) 3 hrs DAYS

Contributory (Primary.) Multiple Sclerosis

(DURATION) 3 yrs. Duration

(Signed) W. L. Mitchell M.D.

Address 2321 Maryland Ave

Date Aug 21st 1908

Place of Burial Wilmington Delaware

Date August 22 1908.

Undertaker Geo. J. Smith, Co.

Address 1000 W. Fayette, St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 408 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosina Amelia Baker

{Residence, if in Baltimore, Give Street and Number.} 408 S. Wolfe St.

Duration of Residence in Baltimore. Life

C15013

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH May 25th 1908

AGE ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Louis Baker

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Catherine Benner

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Rosina Baker

(Address) 408 S. Wolfe St

Filed 8/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1908 to Aug. 19 1908.

that I last saw h— alive on Aug. 19 1908.

and that death occurred, on the date stated above, at 9.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

J. Enten Corner

(DURATION) 2 DAYS

Contributory (Primary.) Meningitis

(DURATION) 1 DAYS

(Signed) W. S. Gibson M.D.

Address 173 E. Fayette St.

Date Aug. 19. 1908

Place of Burial St. Paul's Cemetery

Date Aug. 20th 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15014 Registered No. B

# CERTIFICATE OF DEATH.

176

(Place of Death.) No. 614 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Stricker.

{ Residence, if in Baltimore, Give Street and Number. } 614 W. Lexington St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Stricker-wife

(Address) 614 W. Lexington St.

Filed 8/20 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningeal Apoplexy

*Homicide

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo. M. Reinhardt M.D.
Coroner

Address .....

Date Aug 20 1908

Place of Burial Loudon Park Cem

Date aug - 21st 1908

Undertaker Josiah Syfan

Address 1600 N. Norths

WM. J. C. DULANY CO., BALTIMORE.

*Struck on head, with whiskey flask by this wife A.D.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 405 N Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otillie Korber

{ Residence, if in Baltimore, Give Street and Number. } 405 N Lakewood ave

Duration of Residence in Baltimore. 45 yrs

C15015

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
|---|---|---|
| SEX: female | COLOR: white | DATE OF DEATH: Augt 19 1908 |
| DATE OF BIRTH: 1 | | I HEREBY CERTIFY, That I attended deceased from Augt 5 1908 to Augt 19 1908 |
| AGE: 64 years, months, days | | that I last saw her alive on Augt 19 1908 |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married | | and that death occurred, on the date stated above, at 12 M. |
| BIRTHPLACE (State or country): Germany | | CAUSE OF DEATH (Secondary or Immediate.) |
| FULL NAME OF FATHER: not known | | Nephritis |
| BIRTHPLACE OF FATHER (State or country): | | (DURATION) 14 DAYS |
| MAIDEN NAME OF MOTHER: unknown | | Con'tributory (Primary.) Exhaustion |
| BIRTHPLACE OF MOTHER (State or country): | | (DURATION) one DAYS |
| OCCUPATION OF DECEASED: | | (Signed) Adolph C Eisenberg M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Address 2213 Orleans St |
| (Informant) Edna Johnson | | Date Augt 20 1908 |
| (Address) 405 N Lakewood ave | | Place of Burial St. Mathews Cem |
| (Filed) 8/20 1908 HARRY C. ANDREWS Registrar PERMIT CLERK. | | Date Aug 21/08 190 |
| | | Undertaker J Herwig Son |
| | | Address 2008 Ritchie st. |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 15016

# CERTIFICATE OF DEATH.

14

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 1014 Madison Ave St.

Full Name Robert C. Hall

Residence, Give Street and Number, 1014 Madison Ave.

Duration of Residence in Baltimore, all his life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Dec 31 - 1830

AGE 77 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER John Hall

BIRTHPLACE OF FATHER (State or county) Unknown.

MAIDEN NAME OF MOTHER Susan Hawkins

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Woods

(Address) 112 W. 22nd St

Filed 8/20 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 19. 1908

I HEREBY CERTIFY, That I attended deceased from 10 minutes ac Aug 19. 1908
190 to 190

that I last saw him alive on Aug 19 1908

and that death occurred, on the date stated above, at 9

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart disease

(DURATION) unknown DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) C. Lane Tannyhill M. D.

Address 1103 Madison ave

Date Aug 19 1908

Place of Burial Cremation — Loudon Park

Date August 21st 1908

Undertaker Robt Jenkins Undertaking Co

Address 300 W. Madison St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15017

City of Baltimore, (No. 1238 E. Sharp St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Shea

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)

AGE: 1 years, 0 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Edward Shea

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Katherine Donnelly

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Shea

(Address) 1238 E. Sharp St.

Filed 8/20 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 16th 1908 to Aug. 19 1908 that I last saw her alive on Aug 18 1908, and that death occurred, on the date stated above, at 1 (12) a.m. The CAUSE OF DEATH was as follows:

Cause

(DURATION) ——— DAYS

Contributory Malnutrition

(DURATION) ——— DAYS

(Signed) Henry Mace Smith M. D.

Aug 19 1908 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: Aug 21 1908

UNDERTAKER: D. of M. G. Flynn

ADDRESS: 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

# CERTIFICATE OF DEATH.

Registered No. C 15018

(Place of Death.) No. City Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Kirkendall

Residence, Give Street and Number, Gartney Battiment Co. Md

Duration of Residence in Baltimore, more

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Unknown

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore, Md.

FULL NAME OF FATHER Amos Kirkendall

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Kirkendall

(Address) Towson Md

Filed 8/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 19 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate,)

Fracture Base of Skull

Accidental fall from car 1935 U Ry & Co Aug 15.08 Harford Road

was Hamilton

Contributory (Primary) (DURATION) DAYS

(Signed) Otto M. Reinhardt M. D.

Address Towson

Date August 20 1908

Place of Burial Hiss' Cemetery, Balto. Co. Md

Date Aug 21st 1908

Undertaker E. Lassahn & Sons

Address Fullerton. Md.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 015019

City of Baltimore, (No. 1009 Ridgely st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel B. Hamm

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 15 (Day) 1908 (Year)

AGE: ..... years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Jas. H. Howes

BIRTHPLACE OF FATHER (State or country): Prince George Co. Md.

MAIDEN NAME OF MOTHER: Blanche Bowen

BIRTHPLACE OF MOTHER (State or country): Montgomery Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. H. Howes

(Address) 1009 Ridgely St.

Filed 8/21 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to August 19 1908

that I last saw her alive on Aug 19 1908,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Acute gastro enteritis

(DURATION) 3 DAYS

Contributory Asthma

(DURATION) 1 DAYS

(Signed) A. B. Freeman M. D.

Aug 20 1908 (Address) 643 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | Aug. 21 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Jas. Dyman & Son | 759 Hamburg St |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Person is to fill, if deceased,

Ward ..... Registered No. B .....

C15020

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosalie Hall

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
|---|---|---|
| SEX F. | COLOR W. | DATE OF DEATH Aug. 20 1908 |
| DATE OF BIRTH 1908 | | I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Aug 19 1908 |
| AGE ..... years, ..... months, 21 days | | that I last saw her alive on Aug. 20 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate) Marasmus. |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | | |
| BIRTHPLACE (State or country) | | |
| FULL NAME OF FATHER | | |
| BIRTHPLACE OF FATHER (State or country) | | (DURATION) ..... DAYS |
| MAIDEN NAME OF MOTHER | | Contributory (Primary.) |
| BIRTHPLACE OF MOTHER (State or country) | | (DURATION) ..... DAYS |
| OCCUPATION OF DECEASED | | (Signed) E. J. Howard M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Address 1238 N Carolina St |
| (Informant) ..... | | Date Aug 20 1908 |
| (Address) ..... | | Place of Burial Greenmount Cathedral |
| Filed 8/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar | | Date Aug 21 1908 |
| | | Undertaker Martin Fahey & Sons |
| | | Address 606 Lafayette Ave |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C1502[illegible]

C1502[illegible]

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincents Inf. Asy Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augustin Dumas

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C.

DATE OF BIRTH ..... 1908

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 8/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 18 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Marasmus

(DURATION) ..... DAYS

Con ributory (Primary)

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date Aug 20 1908

Place of Burial Our Cathedral

Date Aug 21 1908

Undertaker Martin Tracy & Son

Address 606 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B.....

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Tripp

{ Residence, if in Baltimore, Give Street and Number. } 540 Waechter st.

C15022

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1877

AGE 31 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Taylor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Leah Gibson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother W. W. Taylor

(Address) 742 Pierce St.

Filed 8/21 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 19th 1908

that I last saw he alive on Aug 19 1908,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Organic heart

Nephritis (DURATION) 30 DAYS

(Signed) H. Jones M.D.

Address Md. Gen. Hosp.

Date August 20th 1908

Place of Burial Laurel

Date August 21 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

C15023

106

(Place of Death.) No. Bay View Hospital, Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna A. Bach (Bachs)

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR White |
| DATE OF BIRTH | |
| AGE 50 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | Housework |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Reinyer, Supt. BAY VIEW ASYLUM

(Address)

Filed 8/21/1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 20 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Aug 20 1908 that I last saw her alive on Aug 20 1908, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Ileo-Colitis

(DURATION) 14 DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum

Date August 20 1908.

Place of Burial London Park Cem.

Date Aug 21 1908

Undertaker Robt Brooks & Son

Address Calhoun cor Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C ..... 41

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 N Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte A. Zimmer

Residence, Give Street and Number, 1333 N Eden St

Duration of Residence in Baltimore, always C 15024

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH April 23 1833

AGE 75 years, ..... months, ..... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Henry Smith

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER Blanche Gudgeon ~~Smith~~

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A.C. Zimmer

(Address) 1333 N. Eden St.

Filed 8/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1908 to Aug. 18 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Sarcoma of rectum

3 mos. (DURATION) ~~DAYS~~

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Edwin B. Tenby, M. D.

Address 1219 N. Caroline st

Date August 19 — 1908

Place of Burial Greenmount Cem.

Date Aug. 21 1908

Undertaker Chas. L. Evans

Address 1182 1202 N. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

ceased, and the *cause and date of death.*

Ward..... Registered No. C 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cornish

Residence, Give Street and Number, C15025

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: Colored

DATE OF BIRTH: ..... 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hellyday, Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 8/21 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 19. 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1908 to Aug 19, 1908 that I last saw him alive on Aug 19, 1908 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 8 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R. T. Eskew M. D.

Address Bay View Hospital

Date Aug. 20, 1908.

Place of Burial Sacred Heart Cemt.

Date August 21, 1908.

Undertaker Chas. F. Evans

Address 1182-1202 W. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

20

(Place of Death.) No. 408 N. 29 St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Millard E. Jones

{ Residence, if in Baltimore, Give Street and Number. } 408 N 29 St

C15026

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 3 1882 |
| AGE | 26 years, 1 months, 16 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto Co Md |
| FULL NAME OF FATHER | Amos Jones |
| BIRTHPLACE OF FATHER (State or country) | Balto Co |
| MAIDEN NAME OF MOTHER | Margaret Wilson |
| BIRTHPLACE OF MOTHER (State or country) | Balto Co |
| OCCUPATION OF DECEASED | Driver |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Jones

(Address) 408 N 29 St

Filed 8/24 1908

HARRY O. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1908 to Aug 19th 1908 that I last saw h[illegible] alive on Aug 19 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(Traumatic thrombosis of Axilary Vein)

(DURATION) DAYS

Contributory (Primary) Septicemia

(DURATION) DAYS

(Signed) W. H. Smith M.D.

Address 3429 Chestnut Ave.

Date Aug. 20th 1908

Place of Burial St Marys S.H.

Date Aug 21 1908

Undertaker N. S. Marshall

Address 3503 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Francis Bootz

{ Residence, if in Baltimore, Give Street and Number. } 318 W Saratoga St Bodies

C 15027

Duration of Residence in Baltimore. 17 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wettermann

(Address) 318 W Saratoga

Filed 8/21 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 19th 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 19th 1906.

that I last saw her alive on 19th 1906,

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Congestion
of both Lungs.

(DURATION) 6 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) — DAYS

(Signed) William P. Burns M.D.

Address St Joseph's Hospital.

Date August 19th 1906.

Place of Burial St Alphonsus

Date 8/22 1908

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C 15028

City of Baltimore, (No. 746 Columbia Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H Dill

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | April (Month) 9 (Day) 1831 (Year) |
| AGE | 77 years, 4 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Fred Dill |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Rossweg |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Groceryman |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F. Dill

(Address) 746 Columbia ave.

Filed 8/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to Aug 20 1908 that I last saw him alive on Aug 19 1908, and that death occurred, on the date stated above, at 6 a M. The CAUSE OF DEATH was as follows:

Apoplexy (DURATION) 120 DAYS

Contributory Heart failure - (DURATION) DAYS

(Signed) Dr Gustav Dill M. D.

Aug 20 1908 (Address) 1433 W Lombard

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cem. | Aug 22 1908 |
| UNDERTAKER | ADDRESS |
| Ph. J. Dill & Son | 746 Columbia ave |

WM. J. C. DULANY CO., BALTIMORE

C15029

# CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1809 Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Doering

{Residence, if in Baltimore, Give Street and Number.} 1809 Pulaski St.

C15029

Duration of Residence in Baltimore, 26 years. C15021

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 70 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thersa Doering

(Address) 1809 Pulaski St

Filed 8/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 4th 1908 to Aug 21st 1908

that I last saw h[illegible] alive on Aug. 20th 1908,

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

Endocarditis

(DURATION) 2 DAYS

Contributory (Primary.) Rheumatism

(DURATION) 90 DAYS

(Signed) Wm Gonlud M.D.

Address 1704 Madison Ave

Date Balto. Aug 21st 1908

Place of Burial Western Cemetery

Date Aug 23 1908

Undertaker William Cook.

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. 2002 N. Payson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria B. Tanshaw

{Residence, if in Baltimore, Give Street and Number.} 2002 N. Payson St

Duration of Residence in Baltimore. Life

C15030

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 4 1879

AGE 29 years, — months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles W Tracy

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Georgie E Kraft

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgie E Tracy

(Address) 2002 N Payson St

Filed 8/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Aug 19 1908

that I last saw her alive on Aug 19 1908,

and that death occurred, on the date stated above, at 11½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Tubercular

10 mo (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno A O'Brien M.D.

Address 2205 Eutaw Pl

Date Aug 21 1908

Place of Burial Loudon Park Cemetery

Date Aug. 22 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C15031 Registered No. B 105

C15031

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mahle E Harvey (Harvey)

{Residence, if in Baltimore, Give Street and Number.} 1103 Stricker St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 1907

AGE 1 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER E H. Harvey

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ellen Dither

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E H. Harvey

(Address) 1103 Stricker St

Filed 8/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 20 1908 that I last saw h alive on Aug 17 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis.

(DURATION) 3 DAYS

Contributory (Primary.) Cerebro Cerebrit

(DURATION) DAYS

(Signed) L. M Lemmon M.D.

Address 602 S. Paca St.

Date Aug 20 1908

Place of Burial Mt Olivet

Date Aug 22 1908

Undertaker F. A. Krause + Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V C15032 Registered No. B C15032

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1112 W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Miller

{Residence, if in Baltimore, Give Street and Number.} 1112 W Hamburg

Duration of Residence in Baltimore. 55

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 18 1843

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Fagan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Hawthorn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 1107 Carroll st.

Filed 8/21 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 19 1908 that I last saw h[illegible] alive on Aug 19 1908, and that death occurred, on the date stated above, at [illegible] P.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 17 DAYS

Contributory (Primary.) Uraemia (DURATION) 2 DAYS

(Signed) Edw[illegible] M.D.

Address 1107 Lemmon

Date Aug 19 1908

Place of Burial New Cathedral Cemetery

Date Aug 22 1908

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 011503

City of Baltimore, (No. 509 W Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Higdon

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 5 (Day) 1843 (Year)

AGE: 65 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Rolff Higdon

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Harriett Pell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Higdon

(Address) 509 W. West St.

Filed 8/21 1908

HARRY C. ANDREWS.
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Month (Month) 8/20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1907 to August 20 1908 that I last saw him alive on August 20 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis
13 months (DURATION) ..... DAYS

Contributory Pneumonia (DURATION) 2 DAYS

(Signed) Ed B. Freeman M. D.

August 21 1908 (Address) 642 Columbia Ave.

(SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug 23 1908 |
| UNDERTAKER | ADDRESS |
| E Schloman & Son | 1034 Hanover St |

81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1645 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Student

{Residence, if in Baltimore, Give Street and Number.} 1645 Barnes C15034

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: November 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Ignatz Kral

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Schmeck

(Address) 839 Patterson Park Ave

Filed 8/21" 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Aug 20 1908 that I last saw h[illegible] alive on Aug 20 1908, and that death occurred, on the date stated above, at 7½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Anaemia following Bursting of Aneurism of Aorta

10 Minutes (DURATION) DAYS

Contributory (Primary.)

Aneurism. (DURATION) DAYS

(Signed) G. Mundell M.D.

Address 913 N. Broadway

Date Aug 21 1908

Place of Burial Holy Redeemer.

Date Aug 22 1908

Undertaker Frank Creech

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

*twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B C15035

# CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1818 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1816 E. Chase St

Duration of Residence in Baltimore. Life Time C15035

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|---|
| SEX | Male | DATE OF DEATH | August 20 1908 |
| COLOR | White | | |
| DATE OF BIRTH | Feb 26 1840 | I HEREBY CERTIFY, That I attended deceased from | July 5 1908 to Aug 20 1908 |
| AGE | 68 years, 6 months, 27 days | that I last saw him alive on | Aug 19 1908, |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married | and that death occurred, on the date stated above, at | 4 P. M. |
| BIRTHPLACE (State or country) | Virginia | CAUSE OF DEATH (Secondary or Immediate) | Inanition |
| FULL NAME OF FATHER | Charles Hawkins | | |
| BIRTHPLACE OF FATHER (State or country) | Harford County Md. | | (DURATION) 20 DAYS |
| MAIDEN NAME OF MOTHER | Louisa Sommer | Con'tributory (Primary) | Carcinoma |
| BIRTHPLACE OF MOTHER (State or country) | Virginia | (Intestinal) | (DURATION) ? DAYS |
| OCCUPATION OF DECEASED | Harness Maker | (Signed) | Geo F. Taylor M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Address | 1254 N. Broadway |
| (Informant) | Sarah E. Hawkins | Date | August 21 1908 |
| (Address) | 1818 E. Chase St | Place of Burial | Baltimore Cem! |
| Filed 8/22 1908 | HARRY C. ANDREWS, PERMIT CLERK. Registrar | Date | Aug 23 d 1908 |
| | | Undertaker | A. Fink & Son |
| | | Address | 916 N. Gay St |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C15036 Registered No. B C15036

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. 79

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Edwards

{ Residence, if in Baltimore, Give Street and Number. } 929 Leadenhall st

Duration of Residence in Baltimore. Life C 15036

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: Colored

DATE OF BIRTH: 1834

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Edwards

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Nicholson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 20, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1908 to Aug 20 1908 that I last saw him alive on Aug 20, 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart - failure

(DURATION) DAYS

Contributory (Primary.) Heart disease

(DURATION) DAYS

(Signed) W. H. Baker M.D.

Address Bay View Hospital

Date Aug. 21, 1908

Place of Burial Mt Auburn Cemetery

Date Aug 21 1908

Undertaker Felix B. Pyle

Address 502 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15037

C15037

# CERTIFICATE OF DEATH.

49

(Place of Death.) No. 2319 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie M. Wolf

{Residence, if in Baltimore, Give Street and Number.} 2319 E Fayette

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH July 10 1908

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm N. Wolf

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret Stewart

BIRTHPLACE OF MOTHER (State or country) Prince Geo Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm N. Wolf

(Address) 2319 E Fayette

Filed 8/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21" 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 15" 1908 to Aug 21" 1908

that I last saw h.. alive on Aug 21" 1908

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Infantile scurvy

(DURATION) 10 DAYS

(Signed) Georgia Robertson M.D.

Address 2129 E Balto St.

Date Aug 22" 1908

Place of Burial Holy Redeemer

Date AUG 23 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15038

City of Baltimore, (No. Bidle's-Sellman Sanatorium St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William S. Pieper

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: May (Month) 8 (Day) 1884 (Year)

AGE: 24 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: August Pieper

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mrs Schellstadt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Piano Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Pieper

(Address) 1 W. Erdman Ave.

Filed 8/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Aug 20 1908 that I last saw him alive on Aug 20 1908, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Hemmorhage. Perforature of the intestines. Peritonitis.

(DURATION) 2 DAYS

Contributory Typhoid Fever.

(DURATION) 22 DAYS

(Signed) Geo. W. Dexter M. D.

Aug 20 1908 (Address) 2203 W. Eden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1 West Erdman Ave. How long at Place of Death? 15 Days

Where was disease contracted if not at place of death? Charlotte N. C.

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Can | Aug 23 1908 |
| UNDERTAKER | ADDRESS |
| Sandw Sons | 910 Canton Av |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 15039 130

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Schriver

{Residence, if in Baltimore, Give Street and Number.} Columbia, Howard Co. Md

Duration of Residence in Baltimore. Two days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1883

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md. Howard Co

FULL NAME OF FATHER: Henry Schriver

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Anna Schriver

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. S. Owings Md

(Address) Columbia Howard Co

Filed 8/22 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 19 1908 that I last saw her alive on Aug 19 1908, and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart.

(DURATION) — DAYS

Contributory (Primary.) Pelvic abcess (DURATION) — DAYS

(Signed) S. H. Streett M.D.

Address Md Genl Hosp

Date Aug 20 1908

Place of Burial Centreville Md

Date Aug 23 14 1908

Undertaker Jno H. Gauthrop

Address Kirk & Lindenmeyer

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C15040 Registered No. B C15040

# CERTIFICATE OF DEATH. 112

(Place of Death.) No. 1343 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George W. Myers

{Residence, if in Baltimore, Give Street and Number.} 1343 E Lanvale st

Duration of Residence in Baltimore. 1 year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 11th 1837

AGE: 71 years, 7 months, 10 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Gettysburg Pa

FULL NAME OF FATHER: George W. Myers

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Elizabeth Sheads

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth E Myers

(Address) 1343 E Lanvale st

Filed 8/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1908 to Aug 21, 1908

that I last saw him alive on Aug 21, 1908,

and that death occurred, on the date stated above, at 3.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Cirrhosis

about one years' (DURATION) DAYS

Contributory (Primary) Paralysis Several

Agitans (DURATION) years, DAYS

(Signed) C. R. Elsewell M.D.

Address 1741 Harlem ave

Date August 21, 1908

Place of Burial Gettysburg Pa

Date August 24th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

City of Baltimore, (No. 1226 W. Eden St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B C15041

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Pennington Camm, Jr.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 18 (Day) 1908 (Year)

AGE: — years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Harry Pennington Camm

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Agnes Stansbury

BIRTHPLACE OF MOTHER (State or country): Carroll Co, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Pennington Camm

(Address) 1226 W. Eden St.

Filed 8/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1908 to Aug 21 1908 that I last saw him alive on Aug 21 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) DAYS

Contributory

3 weeks (DURATION) DAYS

(Signed) W. D. Booker M. D.

Aug 21 1908 (Address) 208 W. Monument St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 22 1908

UNDERTAKER: Henry W. Meanley & Son

ADDRESS: 105 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C15042 Registered No. B C15042

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Peach al St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Eddie Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1021 Peach al

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1895

AGE: 13 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): maryland

FULL NAME OF FATHER: Henson Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margie Harris

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henson Thomas

(Address) 1021 Peach alley

Filed 8/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 18 1908 that I last saw h[im] alive on Aug 18 1908, and that death occurred, on the date stated above, at 11:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 10 DAYS

Con'tributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Lighter

Date Aug 21 1908

Place of Burial Mt. Auburn Cem.

Date August-23 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15043

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 938 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. Chas Guerke

{Residence, if in Baltimore, Give Street and Number.} 938 N. Lexington

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 13th 1908

AGE ..... years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Chas Guerke

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Minnie Hof.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Guerke

(Address) 938 N. Lexington St

Filed 8/22 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Aug 21 1908

that I last saw h alive on Aug 21 1908,

and that death occurred, on the date stated above, at 10 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Immediate: Exhaustion ..... (DURATION) 4 DAYS

Contributory (Primary): Cholera Infantum ..... (DURATION) 21 DAYS

(Signed) Harry Boyd M.D.

Address 612 Columbia ave

Date Aug 22 1908

Place of Burial Western Cemetery

Date Aug 23rd 1908

Undertaker Wm & Jno H. Tenfel

Address 841 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C15044

# CERTIFICATE OF DEATH.

(Place of Death.) No. 109 7th Ave St

Full Name Austin Frank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{ Residence, if in Baltimore, Give Street and Number. } 109 7th Ave

Duration of Residence in Baltimore. 63 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 1 1845.

AGE 65 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Prussia

FULL NAME OF FATHER Daniel Kelm

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Fredericka Drakeim

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Frederick Lunk

(Address) 1097 Fair St

Filed 8/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1908

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to August 21st 1908

that I last saw h Er alive on Aug 14th 1908

and that death occurred, on the date stated above, at 10:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arteria Sclerosis

Contributory (Primary) (DURATION) 10 Mos

(Signed) S. A. Steven M.D.

Address 1501 E Eager St

Date Aug 21st 1908

Place of Burial Baltimore Cem

Date August 23, 1908

Undertaker Jeremiah B Cook

Address 1613 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15045 Registered No. B C15045

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Downey

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M. | COLOR: W. |
| DATE OF BIRTH: 1908 | |
| AGE: ....years, 3 months, ....days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address)

Filed 8/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 20 1908 that I last saw him alive on 20th 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Est. Hayward M.D.

Address 1230 N Carrollton Ave

Date Aug 21 1908

Place of Burial New Cathedral

Date Aug 21 1908

Undertaker Martin Tady & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15046 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Loretta Baldwin

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1908

AGE ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/22 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 20 1908 that I last saw her alive on ..... 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N. Consteet St.

Date Aug 21 1908

Place of Burial Our Cathedral

Date Aug 21 1908

Undertaker Martin Raley & Sons

Address 1006 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15047 Registered No. B C15047

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Mola

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| M. | Col. |

DATE OF BIRTH: 1908

AGE: ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum

(Address)

Filed 8/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 20 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1235 N Carolina St

Date August 21 1908

Place of Burial New Cathedral

Date Aug 22 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

Registered No. B 15048

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Franklin

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Pl.

DATE OF BIRTH: 1908

AGE: ..... years, 2 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum

(Address)

Filed 8/22 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 21 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Carrollton

Date Aug 22 1908

Place of Burial New Cathedral

Date Aug 22 1908

Undertaker Martin Fahey & Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15049 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Fiance Eubanks

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX F. | COLOR W. |
| DATE OF BIRTH 1 | |
| AGE ..... years, 1 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asylum

(Address)

Filed 8/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 20 1908 that I last saw her alive on Aug 21 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Hayward M.D.

Address 1238 N Caroline St

Date Aug 22 1908

Place of Burial Mt Cathedral

Date Aug. 22 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C15050

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 158 Old York Road St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas M Mulligan

{Residence, if in Baltimore, Give Street and Number.} 158 Old York Road.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 22nd 1868

AGE: 40 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Mulligan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Langton

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thos. E. Fahey

(Address) 606. W. Lafayette Ave.

Filed 8/22 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21st 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1908 to Aug. 21st 1908

that I last saw him alive on Aug. 21st 1908

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Antemortem Heart Clot with Exhaustion & Syncope

Immediate (DURATION) DAYS

Contributory (Primary) Broncho Pneumonia "Tubercular"? (DURATION) 8 DAYS

(Signed) William Pillsbury M.D.

Address 2801 York Road

Date Aug. 22nd 1908

Place of Burial St Marys Govans

Date Aug 24th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C1505 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 509 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August F. Kantman

{Residence, if in Baltimore, Give Street and Number.} 509 W. Lexington St

Duration of Residence in Baltimore. Abt 25 Yrs. C 1505

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 27th 1856

AGE: 51 years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Kantman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cathrien Eckert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Restaurant Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Kantman

(Address) 509 N Lexington St

Filed 8/22 1908

HARRY O. ANDREWS, FEMALE CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to Aug 21st 1908

that I last saw h[illegible] alive on Aug 21st 1908

and that death occurred, on the date stated above, at 9:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis and Chronic Gastritis

About one year (DURATION) ——— DAYS

Con'tributory (Primary.) Atheroma

(DURATION) 1 DAYS

(Signed) Chas J Keller, M.D.

Address 3322 Monument St

Date Aug 21st 1908

Place of Burial Loudon Park Cemetery

Date Aug 23rd 1908

Undertaker Geo. Bruns

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15052 64

C15052

# CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Bradford St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Steward

{ Residence, if in Baltimore, Give Street and Number. } 615 N. Bradford

Duration of Residence in Baltimore. 45 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 80 years, ..... months, ..... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cooper

(Address) 19 S. Bradford St

Filed 8/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h~~im~~ ~~alive~~ on ..... 190 .....,

and that death occurred, on the date stated above, at 330 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Joseph Cummins M.D.

Address Arlington Md

Date Aug 20 1908

Place of Burial Mt Auburn Cemetery

Date Aug 22 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C15053 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2012 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Greenwell

{Residence, if in Baltimore, Give Street and Number.} 2012 E. Lombard st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 11th 1904

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Greenwell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mollie O'Dell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Greenwell

(Address 2012 E. Lombard st

Filed 8/22" 1908 MARY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Aug 21 1908 that I last saw him alive on Aug 21 1908 and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) — DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 3 DAYS

(Signed) J. N. Pierson M.D.

Address 1806 E Baltimore

Date Aug 22 1908

Place of Burial Holy Redeemer Cem

Date Aug 23rd 1908

Undertaker Geo M. Frick

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS. 19

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C15054

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1439 N. Fulton Ave. St., Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia J. Welch.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 79 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Thom. Gambrill

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catherin Warner

BIRTHPLACE OF MOTHER (State or country) Balto. City.

OCCUPATION OF DECEASED None,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherin Wilson

(Address) 1439 N. Fulton Ave.

Filed 8/22" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 2-22 1906 to 8-20 1908

that I last saw h er alive on 8-20 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Chronic Endocarditis

" Nephritis

(DURATION) ..... DAYS

Contributory Old Age, general debility (DURATION) ..... DAYS

(Signed) Chas. C. Conser M. D.

8/21 1908 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto Cemetery

DATE OF BURIAL Aug. 23 1908

UNDERTAKER Robt T Turner

ADDRESS 1444 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 015055

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. Steuart Cambridge Bet Aisquith & Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walerya Slinzinska

Residence, Give Street and Number, 513 S. Dunham St.

Duration of Residence in Baltimore, En route.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH May 14 1905

AGE 3 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER John Slinzinska

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Bronslaw Domain

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Slinzinska father

(Address) 513 S Dunham St

Filed 8/22 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 22 1905

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto Neuhardt M. D.

Address Coroner

Date August 22 1908

Place of Burial Holy Rosary

Date Aug. 23 1908

Undertaker Wm Fischer

Address 421 S Bond St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15056 Registered No. B

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 905 N Fremont Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Stahe

{Residence, if in Baltimore, Give Street and Number.} 905 N Fremont Ave.

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 2 1837

AGE: 71 years, 3 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wm Stahe

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Graham

(Address) 725 Columbia ave

Filed 8/22" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Aug 20 1908 that I last saw him alive on Aug 19 1908 and that death occurred, on the date stated above, at 8.50 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 7 DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date August 20 1908

Place of Burial Loudon Park Cemt.

Date Aug. 23, 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15057 Registered No. B .....

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. 409 N Amn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Bix

{ Residence, if in Baltimore, Give Street and Number. } 409 N Amn St.

Duration of Residence in Baltimore. 48 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 14 1838

AGE: 70 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Muller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A. Irving

(Address) 409 N Amn St

Filed 8/22" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Aug 20 1908 that I last saw h[illegible] alive on Aug 19 1908, and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Obstruction of the Bowel

(DURATION) 15 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 102 E 25th St

Date Aug. 21 1908

Place of Burial Mt. Carmel

Date August 23" 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C15058 Registered No. C 15058

# CERTIFICATE OF DEATH.

36

(Place of Death.) No. 2434 Belmont ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Woodson

Residence, Give Street and Number, 2434 Belmont Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1

AGE: 14 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): Balt City

FULL NAME OF FATHER: Steaven Woodson

BIRTHPLACE OF FATHER (State or county): Cumberland Va

MAIDEN NAME OF MOTHER: Mary Walker

BIRTHPLACE OF MOTHER (State or county): Va Buckham

OCCUPATION OF DECEASED: Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Woodson

(Address) 2434 Belmont ave

Filed 8/23 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to aug 22 1908

that I last saw him alive on aug 20 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthenia.

about 2 mo (DURATION) 60 DAYS

Contributory (Primary) General Paralysis (Infantile)

about 10 years (DURATION) Prob due to congenital syphilis

(Signed) Hugh Mon Bayley M. D.

Address Emilypond Avenue

Date Aug 22 1908

Place of Burial Laurel Cemetery

Date August 23 1908

Undertaker John H Cannon & Son

Address 1222 Linden Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C15059

C15059

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 3018 Elliott st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Andreas Bryczynski

{ Residence, if in Baltimore, Give Street and Number. } 3018 Elliott st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Vincent Bryczynski.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Andzewska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Bryczynski.

(Address) 3018 Elliott St

Filed 8/23 1908 HARRY O. [illegible] PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Aug 22 1908 that I last saw h.. alive on Aug 21 1908, and that death occurred, on the date stated above, at 3 AM

.....M. CAUSE OF DEATH (Secondary or Immediate )

Gastro Enteritis (DURATION) 10 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. V. Abbey M.D.

Address 3200 Hudson

Date Aug 22 1908

Place of Burial Holy Rosary

Date Sunday Aug 23 1908

Undertaker M F. Sudowski

Address 903. S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C15060 Registered No. B

C15060

# CERTIFICATE OF DEATH.

60

(Place of Death.) No. 33 E. Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Violet J. Jones

{ Residence, if in Baltimore, Give Street and Number. } 33 E. Fort Ave.

Duration of Residence in Baltimore. 2 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan 1 1888

AGE 20 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) W. Va

FULL NAME OF FATHER John Walters

BIRTHPLACE OF FATHER (State or country) W. Va

MAIDEN NAME OF MOTHER C. Campbell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Jones

(Address) 33 E. Fort Ave.

Filed 8/23 1908 HARRY C. [illegible] PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 21 1908 that I last saw her alive on Aug 21 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 12 hours DAYS

Con'tributory (Primary) Acute Hemorrhagic Encephalitis (DURATION) 15 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Aug 22 1908

Place of Burial Frederick Maryland

Date August 24th 1908

Undertaker William Poole

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15061 Registered No. C 177

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C. Earickson

Residence, Give Street and Number, 2202 Guilford Ave.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: Aug 22nd 1

AGE: 89 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Henry Earickson

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): unknown

OCCUPATION OF DECEASED: Paper Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria M Wood

(Address) 2202 Guilford Ave

Filed 8/23 1908 HARRY C. UPDEGRAFF, PUBLIC CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 22nd 1908

I HEREBY CERTIFY, That I attended deceased from April 24th 1908 to Aug 21st 1908

that I last saw him alive on Aug 21st 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Dropsy.

(DURATION) 120 DAYS

Contributory (Primary) Heart failure

(DURATION) 10 DAYS

(Signed) C. M. Gaither M. D.

Address 2402 St Paul St

Date Aug 22nd 1908

Place of Burial Philadelphia Pa

Date August 24. 1908.

Undertaker William Doff

Address 502 North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15062 Registered No. B C15062

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 24 S. Payson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn F. Schwartz

{ Residence, if in Baltimore, Give Street and Number. } 24 S. Payson St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Dec 26 1907

AGE: — years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry C. Schwartz

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Minnie J. Marley

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Schwartz

(Address) 24 S. Payson St

Filed 8/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Aug. 21 1908 that I last saw her alive on Aug. 21 1908, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) General Debility

(DURATION) DAYS

(Signed) E. A. Dickey, M.D.

Address 14 N. Monroe St

Date Aug. 22, 1908

Place of Burial St Paul's Lutheran Cemetery

Date August 23 1908

Undertaker Wm. A. Rohde & Son

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C15063

C15063

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 720 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Isenstein

{Residence, if in Baltimore, Give Street and Number.} 720 W. Lexington St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Femail | COLOR White

DATE OF BIRTH 1

AGE — years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charlie Isenstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lucie Bamberger

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Himmelfarb

(Address) 720 W Lexington St

Filed 8/23 1908 HARRY C. [redacted] Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to Aug 22nd 1908

that I last saw h[illegible] alive on Aug 22 1908,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General Weakness

(DURATION) DAYS

Contributory (Primary.) Acute Indigestion (DURATION) 6 DAYS

(Signed) M a Wernberg M.D.

Address

Date 190

Place of Burial Hebrew Randall Cemetery

Date Aug 23, 1908

Undertaker M. Levinson

Address 620 N. Eden St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15064 Registered No. B ..... 81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 862 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaiah Stevens

{Residence, if in Baltimore, Give Street and Number.} 862 Pierce

Duration of Residence in Baltimore. 15 Years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: male | COLOR: Colored |
| DATE OF BIRTH: 1854 | |
| AGE: 54 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Perry Stevens |
| BIRTHPLACE OF FATHER (State or country) | Md. |
| MAIDEN NAME OF MOTHER | Hester Emory |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | Barber |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Stevens

(Address) 862 Pierce St.

Filed 8/23 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Aug 20 1908

that I last saw h[im] alive on Aug 18 1908

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate

Uraemia

(DURATION) 6? 1 DAY

Contributory (Primary.) Arteriosclerosis

(DURATION) 15 DAY

(Signed) H. M. Card M.D.

Address 1025 Dundalk Ave

Date Aug 22 1908

Place of Burial Mt. Auburn Cem

Date August 23 1908

Undertaker John H. Tordan

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C15065

C15065

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 204 Girard Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie F. Campbell

{ Residence, if in Baltimore, Give Street and Number. } 204 Girard Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1869

AGE: 39 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Bernard Campbell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Campbell

(Address) Brother above address

Filed 8/23 1908

HARRY C. ARENTS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17th 1908 to Aug 20th 1908

that I last saw h~~er~~ alive on Aug 20th 1908,

and that death occurred, on the ~~date stated above~~ aug 21st at about 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) ..... DAYS

Contributory (Primary.) Cancer of Stomach

acute attack (DURATION) 4 DAYS

(Signed) E. G. Shower M.D.

Address 1224 W. North ave

Date Aug 22nd 1908

Place of Burial Cathedral Cem.

Date August 24th 1908

Undertaker Daniel and M. F. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15066

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Kenneth

{Residence, if in Baltimore, Give Street and Number.} 20 E. Church St.

C15066

Duration of Residence in Baltimore. 40 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 42 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Butler

BIRTHPLACE OF FATHER (State or country): Md,

MAIDEN NAME OF MOTHER: Lucy Collier

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Kenneth

(Address) 24 E. Church St.

Filed 8/23 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 21st 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1908 to Aug. 21st 1908 that I last saw her alive on Aug. 21st 1908, and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 3 DAYS

Con'tributory (Primary.) Chronic Interstitial nephritis (DURATION) 10 yrs ~~DAYS~~

(Signed) Robt Bay M.D.

Address University Hospital

Date Aug. 22nd. 1908

Place of Burial Mount Auburn

Date Augus 23. 1908

Undertaker John H. Toadvine

Address 1142 W. Pike St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who ... during his or her last sickness, or the Coroner, when the case comes under his ... to the Undertaker, or other person superintending the said ...

... deceased, and the cause and date of death. ... (whether married or single) of the person

Ward 14 C15067 Registered No. C C15067

# CERTIFICATE OF DEATH.

5

(Place of Death.) No. a 1709 Bell ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angelika Walker

Residence, Give Street and Number, 1709 Bell ave

Duration of Residence in Baltimore, 13 years

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Female. |
| COLOR | W. |
| DATE OF BIRTH | August 22 1908 |
| AGE | 29 years, 8 months, 4 days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Married. |
| BIRTHPLACE (State or county) | Germany |
| FULL NAME OF FATHER | Can't Know |
| BIRTHPLACE OF FATHER (State or county) | Germany. |
| MAIDEN NAME OF MOTHER | Agnes. Zelita. |
| BIRTHPLACE OF MOTHER (State or county) | Germany. |
| OCCUPATION OF DECEASED | none. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Walker

(Address) 1709 Bell ave.

Filed 8/25 1908 HARRY U. ANDREWS, Registrar. PERMIT CLERK.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 22 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to Aug 22 1908

that I last saw her alive on Aug. 21 1908

and that death occurred, on the date stated above, at 12.10 P.M. CAUSE OF DEATH (Secondary or Immediate,)

a. Asthenia -

b. Hyper nephroma L. Lung.

Contributory (Primary) (DURATION) DAYS

Hyper nephroma left Kidney

(DURATION) DAYS

(Signed) Ernst C. Delmerk. M. D.

Address 1419 E Eager St

Date Aug 22 1908.

Place of Burial St. Alphonsus

Date Aug 24 1908

Undertaker Jos. Stansbury

Address 1318 Light St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15068 Registered No. B .....

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 19 S. Duncan alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jane Robinson

{ Residence, if in Baltimore, Give Street and Number. } 19 S Duncan Alley

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 83 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer Mark.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bubb Robinson

(Address) 19 S Duncan Alley

Filed 8/23 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Aug 21 1908 that I last saw her alive on Aug 18 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J T Shickrall M.D.

Address 114 N Patterson Pk Ave

Date Aug 22 1908

Place of Burial Laurel Cemetery

Date Aug 23 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C15069 Registered No. B C15069

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 115 S. Stockton st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Bird.

{Residence, if in Baltimore, Give Street and Number.} 115 S. stockton st

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: Colard |
| DATE OF BIRTH: 1 | |
| AGE: 43 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower | |
| BIRTHPLACE (State or country): Md | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: House Work | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmar Williams

(Address) 115 S Stockton St

Filed 8/23 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 21 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190.... that I last saw h.... alive on ....190...., and that death occurred, on the date stated above, at .... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) .... DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. La Fayette

Date Aug 22 Coroner 1908

Place of Burial Mt Auburn Cemetery

Date Aug 23 190....

Undertaker R. S. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15070 Registered No. B .....

# CERTIFICATE OF DEATH.

80

Place of Death.) No. 2505 N Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilie Klein

{ Residence, if in Baltimore, Give Street and Number. } 2505 N Gilmor St

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female White | COLOR White

DATE OF BIRTH Dec 18th 1864

AGE 44 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Henry Klein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Horn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert D. Klein

(Address) 2505 Guilford Ave

Filed 8/23" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Aug 21 1908 that I last saw her alive on Aug 21 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 3 DAYS

Contributory (Primary.) Rheumatism

(DURATION) 49 DAYS

(Signed) August Horn M.D.

Address 40 E 25th St

Date Balto Aug 22nd 1908

Place of Burial Loudon Park

Date Aug 24 1908

Undertaker H. E. Hughes Haig & Lean

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C15071 Registered No. B .....

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. ~~William Hall~~ 1531 E. North ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Hall

{Residence, if in Baltimore, Give Street and Number.} 1531 E. North ave

Duration of Residence in Baltimore. 63 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 92 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) England

FULL NAME OF FATHER John Hall

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Strohmeyer

(Address) 1531 E. North Ave.

Filed 8/24 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Aug 21 1908 that I last saw h[illegible] alive on Aug 20 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) — DAYS

Contributory (Primary.) Cancer

Asthma (DURATION) 3 DAYS

(Signed) Alvin B. Lumm M.D.

Address 742 N. Patterson Pk

Date Aug 24 1908

Place of Burial Baltimore Cem

Date Aug 24 1908

Undertaker Wendell Lyssel & Son

Address 3305 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15072 Registered No. B C15072

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 706 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caryusit- Benda

{Residence, if in Baltimore, Give Street and Number.} 706 Bradford st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 6 1904

AGE: ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos Benda

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Elizabeth Povotny

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Benda

(Address) 706 N. Bradford st.

Filed 8/24 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14-1908 to Aug. 22-1908 that I last saw h~~im~~ alive on Aug. 22-1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis

—— (DURATION) 14 DAYS

Contributory (Primary.) ——

(DURATION) ..... DAYS

(Signed) Edwin B. Feeley M.D.

Address 1219 N. Caroline st

Date Aug. 22 - 1908

Place of Burial Holy Redeemer

Date Aug 24 1908

Undertaker Frank Brach & Son

Address 1904 Gaberd Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — C15073 — Registered No. B C15073

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1429 North Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis J. Connelly

{Residence, if in Baltimore, Give Street and Number.} 1429 N. Dallas st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 22 1875

AGE 32 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel Connelly

BIRTHPLACE OF FATHER (State or country) Washington, D. C.

MAIDEN NAME OF MOTHER Nellie Campbell

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Walker

(Address) 1429 N. Dallas

Filed 8/24 1908 HARRY G. [redacted] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23, 1908

I HEREBY CERTIFY, That I attended deceased from July 12 - 1908 - to Aug. 23 - 1908 that I last saw h~~im~~ alive on Aug 20 - 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

9 mos. (DURATION) DAYS

Contributory (Primary.) ——— (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date August 24 - 1908

Place of Burial Holy Redeemer

Date Aug 26, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

Registered No. B C15074

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan E. Groth

{ Residence, if in Baltimore, Give Street and Number. } 1823 Bolton St.,

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 31 1832

AGE 76 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Gotleib Medinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Gehring

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. C. M. Medinger

(Address) 1823 Bolton st

Filed 8/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 23 1908 that I last saw her alive on Aug 23 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary) Strangulated Femoral Hernia (DURATION) 7 DAYS

(Signed) Elmer Gill Hall M.D.

Address St. Joseph's German Hospital

Date August 24th 1908

Place of Burial Baltimore County

Date aug 25 1908

Undertaker Zerkler & Zerkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15075

C15075

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1710 Orleans St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Le Roy Miller

{Residence, if in Baltimore, Give Street and Number.} 1710 Orleans -

Duration of Residence in Baltimore. 19 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col -

DATE OF BIRTH: Aug 4 th 1908

AGE: 0 years, 0 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Miller

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Julia Curtis

BIRTHPLACE OF MOTHER (State or country): Harrington, Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Miller

(Address) 1710 Orleans st

Filed Aug 8 1908

HARRY O. ANDREWS. [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Aug 22 1908 that I last saw h im alive on Aug 22 1908 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Con'ributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) W O Pauli M.D.

Address J. H. H.

Date Aug 23 - 1908

Place of Burial Asbury Cemetary

Date August 24 1908

Undertaker John W Henderson

Address 21 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

W[illegible]d ..... C15076 Registered No. B .....

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1709 N. Patterson Pk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1709 N. Patterson Pk.

Duration of Residence in Baltimore. 42 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 64 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Schmidt

(Address) 1709 N. Patterson Pk

Filed 8/24 190 8

HARRY O'F ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno. Carmichael M.D.

Address Cor. N. and [illegible]

Date Aug 21 — 08 190

Place of Burial Balto Cem

Date 8/24/08 190

Undertaker J. Henry & Son

Address 700 E. Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15077 Registered No. B ..... C15077

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. J. Bowie

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) ..... BAY VIEW ASYLUM

Filed 8/24 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1908 to Aug 21, 1908 that I last saw h im alive on Aug 21, 1908, and that death occurred, on the date stated above, at 10 35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R. H. Baker M.D.

Address Bay View Hospital

Date Aug. 21, 1908.

Place of Burial Balto Cem.

Date 8/24/08 190

Undertaker J. Herwig & Son

Address 1008 Eden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15078 Registered No. B C15078

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1179 Cleveland st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Stallings

{Residence, if in Baltimore, Give Street and Number.} 1179 Cleveland st-

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH July 19th 1859

AGE 49 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Stallings

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Sarah Coulton

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Stallings

(Address) 1179 Cleveland st

Filed

190 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 190 8

I HEREBY CERTIFY, That I attended deceased from July 10 190 8 to Aug 22 190 8 that I last saw h-- alive on Aug 21 190 8, and that death occurred, on the date stated above, at 4:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 3 1/2 DAYS

Contributory (Primary) Exhaustion (DURATION) 90 DAYS

(Signed) Edulpmunston M.D.

Address 517 Scott st

Date Aug 23 1908

Place of Burial London Park Cemetery

Date Aug 24 190 8

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C15079 — Registered No. B C15079

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 9 Mermaniany Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Borbin

{ Residence, if in Baltimore, Give Street and Number. } 9 Mermanis Lane

Duration of Residence in Baltimore. Life-time.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Barbin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Johnson

(Address) 9 Mermanian Lane

Filed 8/24 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Aug 22 1908 that I last saw h— alive on Aug 22 1908, and that death occurred, on the date stated above, at 4.50 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. Garland Schmuck M.D.

Address 424 - East 25 St

Date Aug 25 1908

Place of Burial Laurel Cemetery

Date Aug 24 1908

Undertaker R. A. Gilbert

Address 106 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 11th C15080 Registered No. B C15080

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ida Dixon.

{Residence, if in Baltimore, Give Street and Number.} 813 E. Fort Ave.

Duration of Residence in Baltimore: Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1871

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. E Lewis

BIRTHPLACE OF FATHER (State or country): Portsmouth Va

MAIDEN NAME OF MOTHER: Sarah A. Grady

BIRTHPLACE OF MOTHER (State or country): Northampton Co Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A. Lewis

(Address) 727 St. Peters St.

Filed 8/24 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 23 1908

I HEREBY CERTIFY, That I attended deceased from July 7th 1908 to Aug 23 1908 that I last saw her alive on Aug 22 1908, and that death occurred, on the date stated above, at 5:20 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Unresolved pneumonia and pulmonary edema.

(DURATION) 15+ DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 15+ DAYS

(Signed) J. Pitt C. Bay M.D.

Address University Hospital

Date Aug. 23 1908

Place of Burial Western Cemetery

Date Aug 26th 1908

Undertaker Josiah Syper

Address 1600 N. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C15081 Registered No. B C15081

# CERTIFICATE OF DEATH. 172

(Place of Death.) No. Off Henderson's Wharf St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/24 1908 HARRY C. ANDERSON, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h ....alive on ....1908....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Conn M.D.

Address 320½ Greene st

Date Aug 22 1908

Place of Burial PUBLIC CEMETERY

Date AUG 22 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

Ward 10 C15083 Registered No. C15083

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1202 N. Central Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nancy H. Jones

Residence, Give Street and Number, 1202 N. Central Ave

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: W.

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Dorchester Co. Md.

FULL NAME OF FATHER James Jones

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Dealer in Butter & Eggs

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Jane Jones

(Address) 1202 N Central Ave

Filed 8/24 190 8 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 22 190 8

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate,

Cerebral Hemorrhage

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Carruthers M. D.

Address Corner Md

Date Aug 22 190

Place of Burial Baltimore Cemetery

Date Aug 24 190 8

Undertaker Henry Hauck & Son

Address 1301 E. Eager St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15083

Ward 5 Registered No. C 15083

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1309 Jefferson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Boyleen

Residence, Give Street and Number, Charles Boyleen

Duration of Residence in Baltimore, Eight years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1864

AGE: 44 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Virginia

FULL NAME OF FATHER: Albert Boyken

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Boyken

(Address) 1309 Jefferson

Filed 8/24 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 22, 1908

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Aug. 22 1908

that I last saw h cm alive on Aug 18 1908

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Interstatial Nephritis.

(DURATION) 7 Mths

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M. D.

Address 2001 Cromwell St.

Date Aug. 22, 1908

Place of Burial Laurel

Date August 24 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C15084 Registered No. B C15084

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Edwards St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Williams

{Residence, if in Baltimore, Give Street and Number.} 1225 Edwards St

Duration of Residence in Baltimore. 45 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: 59 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Williams

(Address) 1225 Edward St

Filed 8/24 190 8

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 23 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 5.15 a M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pneumonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gregg Carruthers M.D.

Address Corner Md

Date Aug. 23 08 190

Place of Burial Mt Zion

Date August 24 190 8

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15085 Registered No. B C15085

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1027 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dugan Crozier Beaz

{Residence, if in Baltimore, Give Street and Number.} 1027 N. Broadway

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 20 1883

AGE 24 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas M. Beaz

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Florence A. Crozier

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Secretary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Crozier

(Address 1027 N. Broadway

Filed 8/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Aug 21 1908 that I last saw h~~er~~ alive on Aug 21 1908, and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter R. White M.D.

Address 1101 N. Broadway

Date Aug 21 1908

Place of Burial Greenmount. Cem.

Date AUG 24 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15086 Registered No. B C15086

# CERTIFICATE OF DEATH. 40

(Place of Death.) No. 907 Hillen St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Myers.

{ Residence, if in Baltimore, Give Street and Number. } 907 Hillen St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Snyder.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. W. Williamson

(Address) 202 N. Gay St

Filed 8/24 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 23 1908

that I last saw her alive on Aug 22 1908

and that death occurred, on the date stated above, at 6.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

Asthenia (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) G. C. Thieme M.D.

Address 303 E. Balto. St.

Date Aug 24 1908

Place of Burial Loudon Park

Date Aug. 25 1908

Undertaker Lowe Cook

Address 0026 Gaither

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15087

C15087

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Isaiah Laurence.

{Residence, if in Baltimore, Give Street and Number.} 1729 Lamont Ave.

Duration of Residence in Baltimore. 1729 Lamont ave

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | Feb 21 1870 |
| AGE | 38 years, 6 months, 1 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Cecil co. Md |
| FULL NAME OF FATHER | Isaih Laurence |
| BIRTHPLACE OF FATHER (State or country) | Cecil co. Md |
| MAIDEN NAME OF MOTHER | Isabel A Baldwin |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Coal Merchant. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Isaih Laurence

(Address) 1729 Lamont ave

Filed 8/24 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19th 1908 to Aug 22 1908 that I last saw h[illegible] alive on Aug 22 1908 and that death occurred, on the date stated above, at 8:15 a.m. CAUSE OF DEATH (Secondary or Immediate.)

acute tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Intestinal obstruction (DURATION) 3 DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date Aug 22nd 1908

Place of Burial Woodlawn

Date Aug 25 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C15088

Registered No. C C15088

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franz Klein Sanitarium, W. Lanvale, Md. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizeaner Jefferson

Residence, Give Street and Number, 807 W. Franklin St.

Duration of Residence in Baltimore, 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Mk.

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8/24 1908

HARRY G. ANDREWS,
PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 23 1908

I HEREBY CERTIFY, That I attended deceased from August 15 1908 to August 23 1908

that I last saw h alive on Aug 23 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,

Ileo colitis

(DURATION 14 DAYS)

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Wm Knox Jr M. D.

Address 804 Cathedral St

Date Aug 24th 1908

Place of Burial Baltimore Co

Date Aug 25th 1908

Undertaker Geo W Little

Address 531 N Fremont Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C15089 Registered No. C C15089

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. Johns Wilson Sanitarium, Mt. Wilson, Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Reed.

Residence, Give Street and Number, 1831 Dover Street

Duration of Residence in Baltimore, 1 yr

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female. COLOR White

DATE OF BIRTH 1907

AGE 1 years, — months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Inf

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Reed

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or county) Germany.

OCCUPATION OF DECEASED Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Reed

(Address) 1831 Dover St.

Filed 8/24 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 23 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 23 1908

that I last saw her alive on Aug 23 1908

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate,)

Ulcerative colitis

Nephritis

(DURATION) 15 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Wm Knox Jr M. D.

Address 804 Cathedral St

Date Aug 24-08. 190

Place of Burial, Western Cemetery

Date Aug 24 '08 1908

Undertaker Geo Lewis Leach & Son

Address 6401 Pratt St.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15090 Registered No. B C15090

# CERTIFICATE OF DEATH.

18

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank Valentine.

{ Residence, if in Baltimore, Give Street and Number. } 1913 Alice Ann St.

Duration of Residence in Baltimore. 42.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Lisbon

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F. Burns.

(Address) St. Josephs Hospital

Filed Aug 24th 1908.

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21st 1908.

I HEREBY CERTIFY, That I attended deceased from July 18th 1908 to Aug. 21st 1908.

that I last saw h-im alive on Aug 20th 1908.,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Congestion
& Pneumonia Lungs.

(DURATION) 3 wks. DAYS

Contributory (Primary) Endocarditis

(DURATION) — DAYS

(Signed) William F. Burns. M.D.

Address St. Josephs Hospital

Date August 21st 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 24 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Ward ..... C15091 Registered No. B C15091

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 316 Barclay Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Deal

{Residence, if in Baltimore, Give Street and Number.} 316 Barclay Place

Duration of Residence in Baltimore. Life-time.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored. |
| DATE OF BIRTH | 1908 |
| AGE | ..... years, 8 months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Joseph Deal |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Mary Diggs |
| BIRTHPLACE OF MOTHER (State or country) | Va. |
| OCCUPATION OF DECEASED | Not any |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Deal

(Address) 316 Barclay Place

Filed 8 24 1908 HARRY O. ANDREWS, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 14 1908 to Aug 23 1908 that I last saw h.. alive on Aug 23 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarhea and enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P Garland Schmidt M.D.

Address 424 East 23 St

Date Aug. 23, 1908

Place of Burial St. Peters Cemetery

Date August 24 1908

Undertaker Alexander V Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C15092

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 326 W. Hoffman St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Kathrin Wilson

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1890 (Year)

AGE 18 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Samuel Wilson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Hollie E. Harris

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. E. Harris

(Address) 326 W. Hoffman St.

Filed 8/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 8 1908 to Aug 23 1908

that I last saw h[illegible] alive on Aug 23 1908,

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 14 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) B. O. Browne M. D.

190 ..... (Address) .....

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL Aug 25, 1908

UNDERTAKER Alexander Kemsley | ADDRESS 518 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15093

66

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15093

Registered No. B.....

City of Baltimore, (No. 325 N. Schroeder St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas P. Russell

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 6 (Day) 1841 (Year)

AGE: 77 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Richard Russell

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mayfield Russell

(Address) 325 N. Schroeder.

Filed 8/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 23 1908

that I last saw him alive on Aug 23 1908,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 2 DAYS

Contributory Paralysis

(DURATION) 9 Weeks 3 DAYS

(Signed) T. H. Tammany M. D.

Aug 24 1908 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Aug 25 1908

UNDERTAKER: Geo. J. Smith & Co.

ADDRESS: 1000 Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C15094 Registered No. B C15094

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 316 N. Carey — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John E. Carson Schumacher

{Residence, if in Baltimore, Give Street and Number.} 316 N. Carey St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 25 1908

AGE: ....years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Carson Schumacher

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Gertrude Donnelly

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carson Schumacher

(Address) 316 N. Carey St.

Filed 8/24 1908 HARRY C. ANDREWS PERMIS CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1908 to Aug 22 1908. that I last saw h-im alive on Aug 22 1908. and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Atrop. Gastro-Enteritis (DURATION) 27 DAYS

(Signed) F. F. Tanner M.D.

Address 317 N. Carrollton Ave

Date Aug. 23 1908

Place of Burial Cathedral Cem Bonnd Brae.

Date Aug. 25 1908

Undertaker Geo. J. Smith & Co

Address 1000 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22

# HEALTH DEPARTMENT, City of Baltimore.

C15095

Registered No. C C15095

# CERTIFICATE OF DEATH.

160

(Place of Death.) No. Charles & Camden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jose Costa Giron

Residence, Give Street and Number, 15 W. Camden St

Duration of Residence in Baltimore, 3 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Dont know

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single

BIRTHPLACE (State or county) Pueblo Spain

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Manuel Cort (friend)

(Address) 1709 Thames St

Filed 8/24 190 8

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 20 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im~~ alive on 190

and that death occurred, on the date stated above, at 6.25 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Suicide

Crushed about head & body by throwing himself in front of the rear trucks of car 210 (DURATION) U. Ry. & El. Co. DAYS

Contributory (Primary) & being run over

(DURATION) DAYS

(Signed) Geo. W. Leinhardt M. D.

Coroner

Address

Date August 24 1908

Place of Burial Loudon Park Cem

Date aug 25 1908

Undertaker Robt. Brockett

Address 175 S. Calhoun St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15096 Registered No. B C15096

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1456 Riverside ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Lang

{ Residence, if in Baltimore, Give Street and Number. } 1456 Riverside ave

Duration of Residence in Baltimore. 23 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 23rd 1

AGE 28 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Detroit Mich

FULL NAME OF FATHER Thomas Lang

BIRTHPLACE OF FATHER (State or country) Detroit Mich.

MAIDEN NAME OF MOTHER Mary Bergen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Shirt Maker

THE ABOVE STATED PERSONAL PARTICULARS ~~ARE~~ ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Fahey

(Address) 1263 Hillyard

Filed 8/24 1908 HARRY C. [illegible] PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22nd 1908

I HEREBY CERTIFY, That I attended deceased from June 20th 1908 to Aug 22nd 1908 that I last saw h[illegible] alive on Aug 22nd 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

6 weeks (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 Schanel

Date Aug 24th 1908

Place of Burial New Cathedral

Date Aug 25 1908

Undertaker John F Fahey & Son

Address 232 Hillyard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15097 Registered No. B C15097

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1617 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sydney S. Roberts

{Residence, if in Baltimore, Give Street and Number.} 1617 Hanover

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Jan. 12th 1833 |
| AGE | 75 years, 7 months, 10 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Wm. T. Sears |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Elizabeth Stamp |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | House-wife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hollie Roberts

(Address) 1617 Hanover St

Died 8/24 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1908 to Aug 22 1908

that I last saw her alive on Aug 22 1908, and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Debility and old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Dennis M.D.

Address 1228 E. Oliver

Date Aug-24 1908

Place of Burial MOUNT OLIVET.

Date AUG 25 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 C15098 Registered No. B C15098

# CERTIFICATE OF DEATH. 131

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Florye Goodman.

{ Residence, if in Baltimore, Give Street and Number. } Garrison Forest Rd nr W. Arlington

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Gabriel Rosenfeld

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Goodman

(Address) Garrison Forest Rd

Filed 8/24 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1908

I HEREBY CERTIFY, That I attended deceased from Aug 9 1908 to Aug 23 1908 that I last saw her alive on Aug 23 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion following surgical operation.

(DURATION) 7 DAYS

Contributory (Primary.) Ovarian cyst. complicating pregnancy (DURATION) 5 months

(Signed) Arthur W. Erskine M.D.

Address Md Gen Hosp. Balto Md.

Date Aug 23 1908

Place of Burial Har Sinai

Date August 25th 1908

Undertaker David Sondheim

Address 923 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Garrison & Forest Rd nr W. Arlington Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15099

Ward .....

Registered No. B C15099

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August F. Glene

{Residence, if in Baltimore, Give Street and Number.} 1917 E Pratt st

Duration of Residence in Baltimore. 48 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 14th 1835

AGE: 73 years, 4 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Glene

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/24 1908

HARRY O. ANDREWS
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23, 1908.

I HEREBY CERTIFY, That I attended deceased from May 19, 1908 to Aug. 23, 1908.

that I last saw h[illegible] alive on August 23, 1908,

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Heart Disease

(DURATION) DAYS

(Signed) [signature] M.D.

Address Bay View Hospital

Date Aug 23, 1908.

Place of Burial Jerusalem Lutheran Cemetery

Date August 25th 1908

Undertaker George Schilling & Sons

Address 112 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C15100

Registered No. B C15100

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 212 W. Henriette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Barbara Kochuleen

{Residence, if in Baltimore, Give Street and Number.} 212 W. Henriette St.

Duration of Residence in Baltimore. 65 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 9th 1825

AGE 83 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Kochuleen

(Address) 212 W. Henriette St

Filed 8/25 1908

Registrar
HARRY C. ANDREWS,
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Aug 24 1908 that I last saw h alive on Aug 24 1908, and that death occurred, on the date stated above, at 10:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) C. Waldkoenig M.D.

Address 603 S. Thames St.

Date Aug 24 1908

Place of Burial Western Cemetery

Date Aug 26th 1908

Undertaker Jno & Jnos John W. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15101 Registered No. B C15101

13

# CERTIFICATE OF DEATH.

(Place of Death.) No. 219 S Parrish St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Holland

{ Residence, if in Baltimore, Give Street and Number. } 219 S Parrish

Duration of Residence in Baltimore. 40yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Holland

(Address) 219 S. Parrish St

Filed 8/25 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Aug 23 1908

that I last saw h— alive on Aug 22 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

3 days (DURATION)

Contributory (Primary.) Cachexia

(DURATION)

(Signed) T Howard M.D.

Address 939 W Fayette

Date Aug 24 1908

Place of Burial Mt Auburn Cemetery

Date Aug 25 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15102 Registered No. B .....

# CERTIFICATE OF DEATH.

97

(Place of Death.) No 2118 Jefferson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Julia Brown

{ Residence, if in Baltimore, Give Street and Number. } 2118 Jefferson st

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 25 1859

AGE 49 years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Earl Taylor

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Julia A. Gross

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Brown

(Address) 2118 Jefferson st

Filed 8/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 23 1908 190

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Aug 23rd 1908

that I last saw her alive on Aug 23rd 1908

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) ..... DAYS

Con'tributory (Primary.) Asthma

(DURATION) ..... DAYS

(Signed) Maurice Rose M.D.

Address 1825 E. Baltimore St.

Date AUG 24 1908 190

Place of Burial Mt. Carmel. Cem.

Date AUG 25 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15103 Registered No. B C15103

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 3025 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. List

{Residence, if in Baltimore, Give Street and Number.} 3025 Cedar Ave

Duration of Residence in Baltimore. 8 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept. 1839 |
| AGE | 68 years, 11 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married. |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Henry List |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Mr Naloud |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Stone Mason |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. List

(Address) 3025 Cedar Ave

Filed 8/25 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 190 8

I HEREBY CERTIFY, That I attended deceased from July 19, 190 8 to Aug 23 190 8 that I last saw h[illegible] alive on Aug 23 190 8, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 6 weeks DAYS

Contributory (Primary)

Pneumonia (DURATION) 2 DAYS

(Signed) M. A. Fairn M.D.

Address 12 E 20th St

Date Aug 24 190 8

Place of Burial Kinsboro Md

Date Aug 26 190 8

Undertaker J. E. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C15104 — Registered No. C 15104

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 20 N Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Fillbauer

Residence, Give Street and Number 20 N. Montford Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: May 28 1868

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Dietrich Stang

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Fillbauer

(Address) 20 N. Montford Ave.

Filed 8/25-1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Aug 23 1908

that I last saw h er alive on Aug 23 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of the Liver

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) H. Hazlehurst M. D.

Address 203 N. Lanvale St

Date Aug 25, 1908

Place of Burial Mt Olivet Cemetery

Date Aug 27 1908

Undertaker Wm Cook

Address 502 E North ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAST PRINTED ON THE MARGIN. C15105 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 15105

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 664 Bradley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth E Wicks

Residence, Give Street and Number, 664 Bradley

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | Colored |

DATE OF BIRTH ..... 1

AGE 2 years, ..... months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. md

FULL NAME OF FATHER Jas Wicks

BIRTHPLACE OF FATHER (State or county) md

MAIDEN NAME OF MOTHER Agusta Palmer

BIRTHPLACE OF MOTHER (State or county) md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agusta Palmer

(Address) 664 Bradley St

Filed 8/25 1908

HARRY O. ANDREWS,
PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23rd 1908 to Aug 24th 1908 that I last saw h m alive on Aug 24th 1908 and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Spinal Meningitis
Convulsions. Asthenia

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T McCarthy M. D.

Address 656 W. Franklin St

Date Aug. 25th 1908

Place of Burial Mt Auburn

Date Aug 26 1908

Undertaker Hayes & Adams

Address 1006 Pennsylvania Ave

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C15106 Registered No. BC15106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J Roader

{Residence, if in Baltimore, Give Street and Number.} 229 N Front St

Duration of Residence in Baltimore. 2 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1834

AGE: 74 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John North

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca Summers

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Straumberger

(Address) 229 N Front St

Filed 8/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Aug 24th 1908 that I last saw her alive on Aug 20th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-Sclerosis

Years (DURATION) DAYS

Contributory (Primary.) Epithelioma

(DURATION) DAYS

(Signed) H. C. Chamberlain M.D.

Address 19 N Franklin St

Date Aug 26/1908 190

Place of Burial Bivalve Md

Date Aug 27 190

Undertaker Wm J Schaeffer

Address 8 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15107

106

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15107

City of Baltimore, (No. 226 S. Caroline St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hirsh Samuelson

### PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ——— (Month) —— (Day) 1833 (Year)

AGE 75 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Simon Samuelson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Madeline

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Samuelson

(Address) 226 S. Carolina St.

Filed 8/26 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1908 to Aug 24 1908 that I last saw him alive on Aug 24 1908, and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

An acute attack of Gastro-enteritis followed by increasing weakness (DURATION) 14 DAYS

Contributory Arterio-sclerosis (DURATION) ..... DAYS

(Signed) I Rosett, M. D.

Aug 25 1908 (Address) 503 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Herring Run Cem. Balto Co.

DATE OF BURIAL: Aug 26 1908

UNDERTAKER: McGinnis-Lecarrell

ADDRESS: 1227 Madison Ave

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C15108 Registered No. B C15108

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Nellie J. Bathe

{Residence, if in Baltimore, Give Street and Number.} 1209 Hanover st

Duration of Residence in Baltimore. One year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 18 1880

AGE: 28 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mich

FULL NAME OF FATHER: Louis Stuhn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelm

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Bothe

(Address) 1209 Hanover St

Filed 8/26 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Aug 24 1908 that I last saw h[illegible] alive on Aug 24 1908, and that death occurred, on the date stated above, at 11.40 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Bayer M.D.

Address 1228 N. Charles

Date Aug 25 1908

Place of Burial Detroit Mich

Date Aug 26 1908

Undertaker Mrs A Robb & Son

Address 720 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward XX

C15103 Registered No. B C15109

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 152 Wilkens Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Roos

{Residence, if in Baltimore, Give Street and Number.} 152 Wilkens Street

Duration of Residence in Baltimore. 36 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH October 20 1854

AGE 53 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Foeller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Miller

(Address) 152 Wilkens Street.

Filed 8/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to August 1908 that I last saw her alive on August 23 1908, and that death occurred, on the date stated above, at 9 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis
Ascites

(DURATION) 100 DAYS

Contributory (Primary.) Bright's Disease

(DURATION) 100 DAYS

(Signed) A. Andreasen M.D.

Address 1618 Madison Ave

Date August 24 1908.

Place of Burial London Park Cemetery

Date Wednesday August 26th 1908

Undertaker F. B. Wagner

Address 1 Frederick Ave Edd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15110 Registered No. B C15110

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 Sargent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Hommerbacker

{ Residence, if in Baltimore, Give Street and Number. } 1325 Sargent St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 30th 1908

AGE ..... years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Chas Hommerbacker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie C Eberle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hommerbacker

(Address) 1325 Sargent St

Filed 8/25 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1908 to Aug 24th 1908

that I last saw h alive on Aug 23rd 1908,

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Diarrhea

(DURATION) 6 DAYS

(Signed) Fred H Mortensen M.D.

Address 1251 N Fulton Ave

Date Aug 24th 1908

Place of Burial London Park

Date August 26 1908

Undertaker Dorsey & Cook

Address 1003 N Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15111

Ward 7

Registered No. C 15111

# CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 749 Columbia Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel E. Wright

Residence, Give Street and Number, 749 Columbia Ave.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | July 7, 1887 |
| AGE | 21 years, 2 months, 17 days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Married |
| BIRTHPLACE (State or county) | Baltimore, Md. |
| FULL NAME OF FATHER | Wm Hazard |
| BIRTHPLACE OF FATHER (State or county) | Md. |
| MAIDEN NAME OF MOTHER | Ella French |
| BIRTHPLACE OF MOTHER (State or county) | Balto. Md. |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Wright

(Address) 749 Columbia Ave

Filed 8/25 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1907 to Aug. 24 1908

that I last saw her alive on Aug. 24, 1908

and that death occurred, on the date stated above, at 9-40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

(DURATION) 11 Months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. H. Tumpkins M. D.

Address 653 Columbia Ave.

Date Aug. 24 1908

Place of Burial Mt Olivet Cem

Date Aug 26 1908

Undertaker F. J. Cook

Address 1003 N Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C15112 Registered No. B C15112

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 418 Colvin Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lavina Pugsley

{Residence, if in Baltimore, Give Street and Number.} 418 Colvin Av

Duration of Residence in Baltimore. 7 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Mch. 28th 1835

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Pierce

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Pierce

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Williamson

(Address) 1183 York Road

Filed 8/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1908 to Aug. 24th 1908

that I last saw her alive on Aug. 22nd 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Senility & Irregular Heart action (DURATION) 10 DAYS

(Signed) William Pillsbury M.D.

Address 2801 York Road

Date Aug. 24th 1908

Place of Burial Western Mem.

Date Aug 26/08 190

Undertaker Wm Cook

Address 502 E York Av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C15113 Registered No. C 15113

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2043 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud Wilson Paynter

Residence, Give Street and Number, 2043 E Hoffman St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH July 6 1891

AGE 17 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Harvey Paynter

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Alice E. Wilson

BIRTHPLACE OF MOTHER (State or county) Baltimore, Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice E. Paynter

(Address) 2043 E. Hoffman St

Filed 8/25 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Aug 24th 1908 that I last saw h. Sr alive on Aug 24th 1908 and that death occurred, on the date stated above, at 6 15 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Typhoid fever

(DURATION) 8 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo F Cover M. D.

Address 1501 E Eager St

Date Aug 24th 1908

Place of Burial Loudon Park

Date August 26th 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal Ave

Remarks .....

Ward ..... C5114 Registered No. B ..... C5114

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah McComb

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/25-8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1908 to Aug 24 1908 that last saw her alive on Aug 24, 1908, and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Paralysis

..... (DURATION) ..... DAYS

(Signed) H. M. Baker M.D.

Address Bay View Hospital

Date Aug. 24, 1908

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date AUG 25 1908 190 ....

Undertaker G. L. Hurley

Address 931 N. Market

FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

174

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward ..... C15115 Registered No. B C15115

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Waymack

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/25 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1908 to Aug. 25 1908.

that I last saw h er alive on Aug. 25, 1908, and that death occurred, on the date stated above, at 9 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Apoplexy.

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Bay View Hospital

Date Aug. 25, 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 26 1903

Date ..... 190....

Undertaker G. L. Hurley

Address 931 N. Monument

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C15116

Ward ..... Registered No. B .....

C15116

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# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. H. Purnell

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24, 1908.

I HEREBY CERTIFY, That I attended deceased from July 1, 1908 to Aug 24, 1908 that I last saw h.. alive on Aug 24, 1908, and that death occurred, on the date stated above, at 6 50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

.....

.....

.....(DURATION).....DAYS.

Contributory (Primary.) Arterio-Sclerosis

.....(DURATION).....DAYS

(Signed) W. H. Baker, M.D.

Address Bay View Hospital

Date Aug. 25, 1908.

Place of Burial JOHNS HOPKINS HOSPITAL.

Date AUG 25 1908 190...

Undertaker G. L. Hurley

Address 931 N. Monroe St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

165

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HEALTH DEPARTMENT, City of Baltimore.

C15117

Ward 16

Registered No. C 15117

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 813 Fairview Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. W. Bailey

Residence, Give Street and Number, 813 Fairview Road

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 27th 1908

AGE: ... years, 5 weeks months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~: Single

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: C E Bailey.

BIRTHPLACE OF FATHER (State or couuty): Balto Md

MAIDEN NAME OF MOTHER: Marie Ewey.

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C E Bailey

(Address) 813 Fairview Road

Filed 8/25 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11. 1908 to Aug 24 1908

that I last saw him alive on Aug 24 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Simple Atrophy

(DURATION) 2 / DAYS

Contributory (~~Primary~~) Immediate Convulsions

(DURATION) ... DAYS

(Signed) Wm. Grant M. D.

Address 1721 N. Payson st

Date Aug. 25. 1908

Place of Burial Baltimore Cemetery

Date August 26 1908

Undertaker Tom Leach

Address 502 E Northaw.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B C15118

C15118

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 413 E. Clement St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry G. Wolf

{ Residence, if in Baltimore, Give Street and Number. } 413 E. Clement pl.

Duration of Residence in Baltimore. lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: white |
| DATE OF BIRTH: March 25 1907 | |
| AGE: 1 years, 4 months, 30 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: single | |
| BIRTHPLACE (State or country): Balto. Md. | |
| FULL NAME OF FATHER: Frederick L. Wolf | |
| BIRTHPLACE OF FATHER (State or country): Balto. Md. | |
| MAIDEN NAME OF MOTHER: Eva A. Guyton | |
| BIRTHPLACE OF MOTHER (State or country): Balto. Md. | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick L. Wolf

(Address) 413 E. Clement pl.

Filed 8/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug. 24 1908 that I last saw him alive on Aug 23 1908, and that death occurred, on the date stated above, at 10.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronch-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. E. G. Schultz M.D.

Address 1318 E. Chase St.

Date Aug. 25 1908

Place of Burial Western

Date Aug 26 1908

Undertaker Jos. Stansbury

Address 1318 E. Gilt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C15119 Registered No. C C15119

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. 3 Stone Hill Hampden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maggie Viola Beach

Residence, Give Street and Number, 3 Stone Hill Hampden

Duration of Residence in Baltimore, one month

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH Aug 18 th 1907

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER David M. Beach

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Margaret L Riley.

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Jennie & Julia Dean

(Address) # 3 Stone Hill

Filed 8/25 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 24 th 1908

I HEREBY CERTIFY, That I attended deceased from August 10th 1908 to Aug 24 1908 that I last saw her alive on Aug 23 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Atrophy

Contributory (Primary) Entero Colitis (DURATION) 60 DAYS

(Signed) J. R. Kelley M. D.

Address 2349 Roland Ave

Date Aug 25 1908

Place of Burial St. Marys Hampden

Date August 26 th 1908.

Undertaker Wm. E. Chenoweth & Son

Address 919 Third Ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — Registered No. C 15120

C15120

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1810 Riggs ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Burton.

Residence, Give Street and Number, 1810 Riggs ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH March 27th 1844

AGE 64 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Fred. Machenheimer

BIRTHPLACE OF FATHER (State or county) Penna.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or county) unknown

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Hutchinson

(Address) 1810 Riggs ave

Filed 8/25 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 24 1908 that I last saw her alive on Aug 24 1908 and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Thomas Nelson M. D.

Address 1300 N Eutaw st

Date Aug 24 1908

Place of Burial Loudon Park

Date Aug 26th 1908

Undertaker G.F. Waelder

Address 723 Druid ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C15121 Registered No. B 106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1331 Sargeant St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Dembinsky.

{Residence, if in Baltimore, Give Street and Number.} 1331 Sargeant St

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 24 1908

AGE: 12 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Dembinsky

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dembinsky

(Address) 1331 Sargeant

Filed 8/25 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 23 1908 that I last saw h[illegible] alive on Aug 23 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 4 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 24 DAYS

(Signed) M. Allenberg M.D.

Address 742 W Fayette St

Date Aug 25 1908

Place of Burial Western Cemetery

Date Aug 26 1908 190

Undertaker Robt T Turner

Address 1442 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 4

Registered No. C C15122

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2321 E Federal St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L Burkhardt

Residence, Give Street and Number, 2321 E Federal St

Duration of Residence in Baltimore, 45 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 12 1842

AGE: 66 years, 1 months, 13 days

~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~. Widowed

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Conrad Burkhardt

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Widmaier

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Burkhardt

(Address) 2321 E Federal

Filed 8/25 1908

HARRY C. ANDREWS. Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1908 to Aug. 25 1908 that I last saw h alive on Aug 25 1908 and that death occurred, on the date stated above, at 3.30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary) Chronic

nephritis (DURATION) 6 Mos

(Signed) Arthur Hayhurst M. D.

Address 2031 Eutaw Place

Date Aug 25 1908

Place of Burial Baltimore Cemet

Date August 28 1908

Undertaker Robert J. Turner,

Address 1442 N Broadway

Remarks

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15123

City of Baltimore, (No. 135 E. Hughes Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Warren

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 29 (Day) 1830 (Year)

AGE: 78 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. — Md.

FULL NAME OF FATHER: Patrick Healy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Kinnet

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Warren

(Address) 135 E Hughes ave

Filed 8/26 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to Aug 23 1908,

that I last saw h alive on Aug 23 1908, at 5:20 P.M. and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

2 years (DURATION) DAYS

Contributory Cardiac Asthenia (DURATION) DAYS

(Signed) G. A. Steele M. D.

Aug 24 1908 (Address) 130 N. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Aug 26 1908

UNDERTAKER: F. A. Kranse & Bro

ADDRESS: 703 Hanover

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15124 Registered No. B C15124

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cassim Farris

{Residence, if in Baltimore, Give Street and Number.} Fredericksburg Va

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 1 | |
| AGE: 35 years, months, days | |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | Married |
| BIRTHPLACE (State or country) | Syria |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Farmer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Smith

(Address) J. H. Hospital

Filed 8/26 1908

HARRY C. ANDREWS, Register
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3" 1908 to Aug 25 1908

that I last saw h alive on Aug 25 1908

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. D. McClure M.D.

Address Johns Hopkins Hospital

Date Aug 25 1908

Place of Burial Oak Lawn County

Date Aug 26" 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15125 Registered No. B C15125

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 701 W Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Henry Cross

{ Residence, if in Baltimore, Give Street and Number. } 701 W. Lafayette ave.

Duration of Residence in Baltimore. 42 yrs -

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 4th 1846

AGE 62 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Warrenton Va.

FULL NAME OF FATHER Cyrus Cross.

BIRTHPLACE OF FATHER (State or country) Fauquier Church Va.

MAIDEN NAME OF MOTHER Columbia Kemper.

BIRTHPLACE OF MOTHER (State or country) Warrenton Va.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew S. Cross.

(Address) 815 N. Monroe St.

Filed 8/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to Aug 25 1908 that I last saw him alive on Aug 25 1908, and that death occurred, on the date stated above, at 11:38 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope - following exhaustion due to severe diarrhea.

(DURATION) 3 DAYS

Contributory (Primary.) Pernicious Anemia -

Rheumatoid sclerosis (DURATION) 241 DAYS

(Signed) H. P. McCarty M.D.

Address 613 Park Ave

Date Aug 25 - 1908

Place of Burial Loudon Park

Date Aug 28 1908

Undertaker Robt S. Little

Address 631 W Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C15126

Registered No. B C15126

# CERTIFICATE OF DEATH.

71

(Place of Death.) No. 2004 Canton Ave St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Jerome Sadowski

{Residence, if in Baltimore, Give Street and Number.} 2004 Canton Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25 1908

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Sadowski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Wozniak

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wozniak

(Address) 2004 Canton ave

Filed 8/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1908 to Aug 24 1908

that I last saw h[illegible] alive on 8/24 1908

and that death occurred, on the date stated above, at 5 —M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

2 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) C. S. Neer M.D.

Address 619 E Fayette

Date Aug 24 1908

Place of Burial Holy Rosary

Date Aug 26 1908

Undertaker Joseph Zborowski

Address 1703 Eliza Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3rd — C15127 — Registered No. B C15127

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 232 S. Caroline St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Lena Gorfinkel

{Residence, if in Baltimore, Give Street and Number.} 232 S. Caroline St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 3 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Sam Gorfinkel

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Patz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Gorfinkel

(Address) 232 S Caroline St

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1908 to Aug 25th 1908 that I last saw h[er] alive on " 22nd 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 2 mos DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Reis M.D.

Address 213 S. Bond St.

Date Aug 25th 1908

Place of Burial Holma Rondale Cem[t]

Date Aug. 26, 1908

Undertaker Mary Lennier

Address 1620 N[th] Eldering St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C15128 Registered No. B

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1505 N. Chappel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George C. Foit

{Residence, if in Baltimore, Give Street and Number.} 1505 N. Chappel St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: June 17 1908

AGE: — years, 2 months, 8 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Bernard Foit

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Lavinia Starkey

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~George~~ Bernard C. Foit

(Address) 1505 N. Chappel

Filed 8/26" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25th 1908

I HEREBY CERTIFY, That I attended deceased from August 10th 1908 to Aug 25th 1908 that I last saw him alive on Aug 24th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

2 months (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Wm. Nicholas M.D.

Address 30 N. Fulton Ave

Date August 25th 1908

Place of Burial St Alphonsus Cemetery

Date Aug 26/08 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15129 Registered No. B C15129

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1704 Division St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Infant of Unknown Mary Parson

{Residence, if in Baltimore, Give Street and Number.} 1704 Division st

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Colored |
| DATE OF BIRTH: Unknown 1 | |
| AGE: ——— years, Nine months, ——— days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant | |
| BIRTHPLACE (State or country): Unknown | |
| FULL NAME OF FATHER: " | |
| BIRTHPLACE OF FATHER (State or country): " | |
| MAIDEN NAME OF MOTHER: " | |
| BIRTHPLACE OF MOTHER (State or country): " | |
| OCCUPATION OF DECEASED: | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Susan Burns

(Address 1704 Division St.

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silvio Baldwin M.D.

Address 720 Lig ave. (Monum)

Date Aug. 26-th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 25 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

175

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15130 Registered No. B C15130

63

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David E. Haynes.

{Residence, if in Baltimore, Give Street and Number.} 1715 Park Ave

Duration of Residence in Baltimore. 50 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 26th 1835

AGE 73 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Westbrookfield Mass

FULL NAME OF FATHER Ruben Haynes

BIRTHPLACE OF FATHER (State or country) Mass —

MAIDEN NAME OF MOTHER Harriet Marsh Clarke

BIRTHPLACE OF MOTHER (State or country) Sutton Mass.

OCCUPATION OF DECEASED Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. E. Haynes —

(Address) 1715 — Park Ave —

Filed 8/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24th 1908

I HEREBY CERTIFY, That I attended deceased from June 1892 to Aug 24 1908

that I last saw him alive on Aug 24 1908,

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Agitans

4 years. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. C. Clarke M.D.

Address 1201 Madison Ave

Date Aug 24 1908

Place of Burial Green Mt. Cemetery

Date Aug 27 1908

Undertaker John B. Shepard

Address 325 — N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

...HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C15131 Registered No. B C15131

# CERTIFICATE OF DEATH.

33

(Place of Death.) No. 116 W. Fort Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Bowers

{Residence, if in Baltimore, Give Street and Number.} 116 W. Fort Ave

Duration of Residence in Baltimore. 30 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 24 1861

AGE: 47 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Daniel Bowers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah J. Wright

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace G. Bowers

(Address) 116 W. Fort Ave

Filed 8/26 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Aug 24 1908

that I last saw h— alive on Aug 24 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Kidneys

(DURATION) 170 DAYS

Contributory (Primary.)

Exhaustion

(DURATION) 20 DAYS

(Signed) Edwin [illegible] M.D.

Address 517 Lexington

Date Aug 24 1908

Place of Burial Martinsburg W. Va

Date Aug 26. 1908

Undertaker J. Parker Sons

Address Carroll Place

Dr. Grempler

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C15132 Registered No. B C15132

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. 624 W Conway St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kara A McFarland

{Residence, if in Baltimore, Give Street and Number.} 624 W Conway St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH about 61 1

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER McKean

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry McFarland.

(Address) 624 W Conway St

Filed 8/26 1908 HARRY C. ANDREWS FEMALE CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Aug 26 1908

Place of Burial Mt Olivet Cem

Date Aug 27 1908

Undertaker W. J. Townsend

Address Caroline & Aisquith Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B C15133

C15133

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2405 Hudson Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Pelton

{Residence, if in Baltimore, Give Street and Number.} 2405 Hudson Al

48 yrs

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem

COLOR Col

DATE OF BIRTH 1841

AGE 67 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. Jones

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Millie Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Pelton

(Address) 2405 Hudson Valley

Filed 8/26 1908 HARRY C. [illegible] PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to Aug 24 1908 that I last saw her alive on Aug 23 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia

(DURATION) 4 DAYS

Contributory (Primary.) Hemorrhage in Br

Post Typhoid Int Cystitis (DURATION) 4 DAYS

(Signed) E of Everhart M.D.

Address 100 W 25th St.

Date Aug 24th 1908

Place of Burial Mt Auburn Cem

Date Aug 27 1908

Undertaker Saml H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C15134 Registered No. B C15134

# CERTIFICATE OF DEATH.

(Place of Death.) No. 902 White's Al. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Eliza J Brooks

{ Residence, if in Baltimore, Give Street and Number. } 902 White's Al

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Blk

DATE OF BIRTH 1

AGE 75 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jam Brodden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Carter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Gorrett

(Address) 902 White's Al

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16 1908 to Aug 25 1908

that I last saw h.. alive on Aug 24 1908

and that death occurred, on the date stated above, at 10

A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

7 mos (DURATION) D.

Contributory (Primary.) Anaemia

2 mos (DURATION) D.

(Signed) W J Howard M.

Address 934 W Fayette

Date Aug 25 1908

Place of Burial Mt Auburn

Date Aug 27 1908

Undertaker C A Simmons & Son

Address 1314 Maryland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C15135 Registered No. B C15135

# CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1507 Henry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs anna J Dooley

{ Residence, if in Baltimore, Give Street and Number. } 1507 Henry ST

Duration of Residence in Baltimore. 48 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | Whit |
| DATE OF BIRTH | May 29th 1860 |
| AGE | 48 years, 4 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Henry Lentz |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Mary Fessler |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William P Dooley

(Address) 1507 Henry St

Filed 8/26 1908 HARRY G. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Aug 24th 1908 that I last saw h[illegible] alive on Aug 24 1908, and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

3 WEEKS (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles

Date Aug 25th 1908

Place of Burial Louden Park

Date Aug 25th 1908

Undertaker Jos. Stanbrook

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 28 C15136 Registered No. B C15136

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1414 Garrett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margarita Shaughnessy

{ Residence, if in Baltimore, Give Street and Number. } 1414 Garrett Ave

Duration of Residence in Baltimore. Four months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 8. 1906

AGE 2 years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Newport R.I.

FULL NAME OF FATHER Peter Shaughnessy

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Annie Coyle

BIRTHPLACE OF MOTHER (State or country) Newport R.I.

OCCUPATION OF DECEASED Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Shaughnessy

(Address) 1414 Garrett ave.

Filed 8/26 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 24 1908

that I last saw h er alive on Aug 15 1908

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Four months (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A J Snyder M.D.

Address Capt Medical Corps U.S.A.

Date Aug 26 1908

Place of Burial Cathedral Cemetery

Date aug. 27 1908

Undertaker H. & M. G. Kilgour

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE [illegible] ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C15137 Registered No. C C15137

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 784 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Edna Overton

Residence, Give Street and Number, 784 W. Hamburg

Duration of Residence in Baltimore, 6 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: May 23 1881

AGE: 27 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Samuel H Burns

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Lizzie Hill

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Thomas

(Address) 513 Fraedenhall Av

Filed 8/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to Aug. 24, 1908 that I last saw h-r alive on Aug. 24 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 12 Months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. A. Tumpkin M. D.

Address 653 Columbia Ave

Date Aug. 25, 1908

Place of Burial Elle Ridge Md.

Date AUG 27 1908 190

Undertaker Armstrong [illegible]

Address 715 Light Street.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C15138 Registered No. B C15138

# CERTIFICATE OF DEATH.

(Place of Death.) No. 521 E. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Condon

{ Residence, if in Baltimore, Give Street and Number. } 521 E 23rd st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH April 1st 1884

AGE 24 years, 4 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER George H. Condon

BIRTHPLACE OF FATHER (State or country) New York City

MAIDEN NAME OF MOTHER Mary Reagan

BIRTHPLACE OF MOTHER (State or country) Portsmouth Va

OCCUPATION OF DECEASED Salesman Shoes

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Condon

(Address) 521 E 23 St

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to Aug 22 1908 that I last saw h-im alive on Aug 22 1908, and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Strangulation

Exhaustion (DURATION) 30 DAYS

Contributory (Primary) Phthisis

Pulmonalis & Disipation (DURATION) 3 yrs ~~DAYS~~

(Signed) R.P. Carman M.D.

Address 1701 N. Carlton st

Date Aug 26 1908

Place of Burial New Cathedral Cemetery

Date Aug 27 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

C15139

Ward 6 Registered No. C 15139 1905

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2138 Federal St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fortuna Hoffman

Residence, Give Street and Number, 2138 E Federal St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR W

DATE OF BIRTH Aug 5th 1841

AGE 67 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED.~~

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Adam Hoffman

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Rossell

(Address) 1442 N Gay St

Filed 8 26 1905

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25 1905

I HEREBY CERTIFY, That I attended deceased from Aug 15 1905 to Aug 25 1905

that I last saw h[illegible] alive on Aug 25 1905

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

Diarrhea.

(DURATION) DAYS

Contributory (Primary) old age.

(DURATION) DAYS

(Signed) E Schmidt M. D.

Address 1419 E Eager St

Date Aug 25 1905

Place of Burial Baltimore Cemetery

Date Aug 27th 1905

Undertaker Geo Rossell

Address 1442 N Gay St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

C15140

Ward 7

C15140 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1531. Ridgely St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Dudley Colburn

{Residence, if in Baltimore, Give Street and Number.} 1531 Ridgley St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Nov. 20. 1907

AGE: ~~years~~ 9. months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Gilbert J. Colburn

BIRTHPLACE OF FATHER (State or country): Annapolis

MAIDEN NAME OF MOTHER: Dont no.

BIRTHPLACE OF MOTHER (State or country): Dont no.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbert J. Colburn

(Address) 1531 Ridgley st

Filed 8-26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1908 to Aug 24th 1908 that I last saw him alive on Aug 24 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis

(DURATION) 8 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) Morley Haag, M.D.

Address 721 Columbia Ave

Date Aug 26 1908

Place of Burial Western Cemetery

Date Thursday. 10am. 1908

Undertaker Wm Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10

Registered No. C 15141

C15141

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1009. Bonaud Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alena. Rose

Residence, Give Street and Number, 1009. Bonaud Pl.

Duration of Residence in Baltimore, 23 Yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 22 1865

AGE: 43 years, — months, 3 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Norway

FULL NAME OF FATHER Ole Olsen

BIRTHPLACE OF FATHER (State or county) Norway

MAIDEN NAME OF MOTHER Andrea. Royen ~~Alena Olsen~~

BIRTHPLACE OF MOTHER (State or county) Norway

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Peterson

(Address) 370 7th St. Brooklyn

Filed 8/26 1908 HARRY C. ANDREWS, PERRY SLEEK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25th 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Aug 25 1908

that I last saw her alive on Aug 24 1908

and that death occurred, on the date stated above, at 12.10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 36 DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) J. Wade M. D.

Address 1523. E. Baltimore

Date Aug 25th 1908

Place of Burial Mt Parnus Cemetery

Date August 27th 1908

Undertaker William Lodt

Address 503 E Monument

Remarks

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted] Registered No. C15142

C15142

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 509 Cathedral St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary P. Boyd.

Residence, Give Street and Number, 509 Cathedral St.

Duration of Residence in Baltimore, 90 years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female. COLOR White.

DATE OF BIRTH 5th May 1817.

AGE 91 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Alexander H. Boyd.

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Mary J. Hollingsworth.

BIRTHPLACE OF MOTHER (State or county) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary P. Boyd Findlay.

(Address) 1016 Cathedral St

Filed 8/26 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 25. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to Aug. 25. 1908

that I last saw her alive on Aug. 25. 1908

and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) Alfred Hanotaux, M. D.

Address 924 Cathedral St.

Date Aug. 26 1908

Place of Burial Greenmount Cem.

Date August 27th 1908

Undertaker Henry A. Justis & Sons Co

Address 3000 W. Madison St.

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15143

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

m

# CERTIFICATE OF DEATH.

Registered No. B C15143

City of Baltimore, (No. 102, Aisquith St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Hirsh Bers

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH ——— (Month) —— (Day) 1839 (Year)

AGE 68 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Gershon Bers

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Hebrew teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Zieo

(Address) 509 Aisquith St.

Filed 8/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9th 1908 to Aug 26 1908 that I last saw him alive on Aug 26 1908, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Increasing asthenia, entering in heart failure

2 (DURATION) —— DAYS

Contributory Pulm. Tuberculosis (DURATION) 4 Years

(Signed) I. Powell, M. D.

Aug 26 1908 (Address) 503 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL B. Mai Israel Cemetery

DATE OF BURIAL Aug 27 1908

UNDERTAKER McGinnis - Carroll

ADDRESS 1227 Mullikin St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C15144 ~~C15144~~ 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 24 W Lafayette Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma S. Maddox

Residence, Give Street and Number, 24 W. Lafayette Av.

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH Aug 16 1908

AGE ~~No week~~ years, months, 10 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Robert F. Maddox

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Florence Dougherty

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert F. Maddox

(Address) 24 W. Lafayette Ave

Filed 8/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25 - 1908

I HEREBY CERTIFY, That I ~~attended~~ did not deceased from 190 to 190

that I last saw h~~im~~ alive on ~~190~~ 2

and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

6 m's Bronchio-Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) 1637 Broadway M. D.

Address W. F. Riley M.D. Coroner

Date Aug 25 - 1908

Place of Burial Samuel Mt

Date Aug 26th 1908

Undertaker Geo. A. Holland

Address 112 & Aug 4 Ave

Remarks

Ward 10 C15145 Registered No. B C15145

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith Upton

{ Residence, if in Baltimore, Give Street and Number. } 1108 Homewood Ave.

Duration of Residence in Baltimore. 2 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 1906

AGE 2 years, 0 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Asa B. Upton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lorra V. Ray

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asa B. Upton

(Address) 1108 Homewood Ave

Filed 8/26 1908 JAMES H. ANDREWS, PUBLIC CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Aug 25 1908 that I last saw h er alive on Aug 25 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Typhoid

Fever (DURATION) 10 DAYS

(Signed) W. Cole Davis M.D.

Address St Joseph's Sanitarium Hosp

Date Aug 25, 1908

Place of Burial Loudon Park

Date Aug 27 1908

Undertaker W. Tarring Son

Address Carlton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15146

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 15146

City of Baltimore, (No. 669, Columbia Ave St.; 22nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Laura V. Birmingham

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 8 1836
(Month) (Day) Year)

AGE 71 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Lorn Hunter

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jane Wiggs

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Thomas

(Address) 669 Columbia Ave

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 25 1908 that I last saw h[er] alive on Aug 25 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Traumatic Tetanus

(DURATION) 2 DAYS

Contributory Nail wound in bottom of left foot (DURATION) 5 DAYS

(Signed) B F Atkinson Jr M. D.

Aug 26 1908 (Address) 1929 Madison Ave

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 28 1908

UNDERTAKER W P Tuckers Jrs | ADDRESS Caroline Place

OK CH

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 C15147 Registered No. B C15147

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 Clarkson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary M. Franck

{Residence, if in Baltimore, Give Street and Number.} 1705 Clarkson St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 17 1884

AGE 24 years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Leonard Booker

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary K Robins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) albert Franck

(Address) 1705 Clarkson St.

Filed 8/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Aug 25 1908 that I last saw her alive on Aug 25 1908, and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 1 DAYS

Con'tributory (Primary) Pulmonary Tuberculosis (DURATION) 1 yr DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Aug 26 1908

Place of Burial Balto Cem

Date Aug 29 to 1908

Undertaker E. Schlosman Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C15148 — Registered No. B C15148

# CERTIFICATE OF DEATH. 170

(Place of Death.) No. 2058 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary N. Casey

{ Residence, if in Baltimore, Give Street and Number. } 2058 E Eager st

Duration of Residence in Baltimore. 27 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 3rd 1878

AGE: 30 years, 3 months, 22 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Single

BIRTHPLACE (State or country): Queen Anns Co Md

FULL NAME OF FATHER: Samuel B Casey

BIRTHPLACE OF FATHER (State or country): Queen Anns Co Md

MAIDEN NAME OF MOTHER: Beneaner Ellen

BIRTHPLACE OF MOTHER (State or country): Queen Anns Co Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Beneaner Casey

(Address) 2058 E Eager st

Filed 8/26" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1908 to Aug 25 1908 that I last saw h[illegible] alive on June 1908, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 6 Mo ~~DAYS~~

Con'ributory (Primary) Coma

(DURATION) DAYS

(Signed) Alex A Gage M.D.

Address 709 N Broadway

Date 8/26/08 1908

Place of Burial Chesterville Kent Co Md

Date August 28th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15149

Ward 22 C15149 Registered No. B

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 530 W. Lee St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 530 W. Lee St.

Duration of Residence in Baltimore. 7 yeare

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan 20 1868

AGE: 40 years, 7 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Missouri

FULL NAME OF FATHER: Sandy Thomas

BIRTHPLACE OF FATHER (State or country): Missouri

MAIDEN NAME OF MOTHER: Lucinda Martin

BIRTHPLACE OF MOTHER (State or country): Missouri

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Thomas

(Address) 530 W. Lee Street

Filed 8/26" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26" 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 26 1908 that I last saw h-im alive on Aug 25 1908 and that death occurred, on the date stated above, at 12

10A M. CAUSE OF DEATH (Secondary or Immediate.)

~~Lobar Pneumonia~~

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

Lobar Pneumonia (DURATION) 8 DAYS

(Signed) Edw. V Fitzgerald M.D

Address 1118 Druid Hill Ave

Date Aug 26 1908

Place of Burial Jefferson City, Cole Co. Missouri

Date ~~August~~ 28 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C15150

C15150

# CERTIFICATE OF DEATH.

(Place of Death.) No. 609 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Williams

{Residence, if in Baltimore, Give Street and Number.} 609 Dolphin St.

Duration of Residence in Baltimore. Life time

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | July 19th 1908 |
| AGE | — years, 1 months, 7 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Harry Brown |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Lillian Williams |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Williams

(Address) 609 Dolphin St

Filed 8/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 26th 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1908 to Aug 26 1908.

that I last saw her alive on Aug 24 1908.

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 6 DAYS

Contributory (Primary.)

Asthenia (DURATION) 30 DAYS

(Signed) Edward E. Martinez M.D.

Address 1339 N North Ave.

Date Balto Aug 26th 1908.

Place of Burial Mount Zion

Date Aug 27 1908

Undertaker A. J. Fretwell

Address 106 N. Schroeder

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C15151 Registered No. B C15151

11

# CERTIFICATE OF DEATH.

(Place of Death.) No. 133. Jackson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jobe E. Reynolds

{Residence, if in Baltimore, Give Street and Number.} 133. Jackson Place.

Duration of Residence in Baltimore. 6 Month

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: W.

DATE OF BIRTH: 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Job Reynolds

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Martha Maynard

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Reynolds

(Address) 133 Jackson Place.

Filed 8/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1908 to Aug. 26 1908, that I last saw him alive on Aug. 26 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia, acute anemia

(DURATION) ½ hour DAYS

Contributory (Primary.) Hemoptysis

(DURATION) 2 DAYS

(Signed) Pearie G. Dausch M.D.

Address 121, Jackson Place

Date Aug. 26 1908

Place of Burial Magnolia Iowa

Date Aug 27/08 1908

Undertaker Wm Cook

Address 505 E. Northad.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

# HEALTH DEPARTMENT, City of Baltimore.

C15152

Registered No. C 15152

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 E. Monument St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie T. Schorr

Residence, Give Street and Number, 1508 E. Monument st

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: white

DATE OF BIRTH: August 27th 1857

AGE: 50 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Benjamin F. Schorr

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Regener A. Phelps

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence F. Schorr

(Address) 1508 E. Monument St.

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 26th 1908

I HEREBY CERTIFY, That I attended deceased from August 12th 1908 to Aug 26th 1908

that I last saw h[illegible] alive on Aug 25th 1908

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

(DURATION) 14 DAYS

Contributory (Primary) Locomotor ataxia

(DURATION) 5 yrs DAYS

(Signed) Edw. M. Sargwood M. D.

Address 1 N. Washington st

Date August 27th 1908

Place of Burial Mt Carmel

Date Aug 28/08 1908

Undertaker Tom Cook

Address 502 E. Nathan

Remarks

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. B C15153

C15153

# CERTIFICATE OF DEATH.

1908

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Girard

{ Residence, if in Baltimore, Give Street and Number. }.....

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR White

DATE OF BIRTH ..... 1 .....

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1908 to Aug. 21 1908 that I last saw h-im alive on Aug. 21 1908, and that death occurred, on the date stated above, at 8.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

.....(DURATION).....DAYS

Contributory (Primary.) Nephritis

.....(DURATION).....DAYS

(Signed) W. H. Eakin M.D.

Address Bay View Hospital

Date Aug. 21, 1908

Place of Burial Antrim Cemetery

Date Aug 27 1908

Undertaker U. S. Funeral Co

Address 1427 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C15154 Registered No. B C15154

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 N Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Clara Johnson.

{Residence, if in Baltimore, Give Street and Number.} 1015 Calhoun St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, — months, 2 hours — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jos. Collins

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Clara Johnson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Johnson

(Address) 1015 N Calhoun St.

Filed 8 27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 24 1908 that I last saw h— alive on Aug 24 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth.

7 months gestation.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. H. Streett M.D.

Address Md Genl Hospital

Date Aug 25 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date AUG 26 1908 190

Undertaker Commissioner Health

Address Per. Wm. T. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, City of Baltimore

Ward 5

C15155

Registered No. B C15155

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 408 N. Eutaw St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Lillie & Eugene Smith

{Residence, if in Baltimore, Give Street and Number.} 408 N. Eutaw

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | F |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | — years, 4 months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/27 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.30

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Rudolph Carullus M.D.

Address Coroners Office

Date Aug 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 26 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT...

# HEALTH DEPARTMENT, City of Baltimore.

C15156

Ward 6 C15156 Registered No. C

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 225 Edgar Place St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Metas Barkowski

Residence, Give Street and Number, 225 Edgar Place

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 16 1908

AGE: ..... years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Emil Barkowskie

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Martha Weissman

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Robens

(Address) 233 Edgar Place

Filed 8/27 1908 HENRY O. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Augt 26. 1908

I HEREBY CERTIFY, That I attended deceased from Augt 22 1908 to Augt 26 1908 that I last saw her alive on Augt 25 1908 and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate,)

Atrophy Infantum

(DURATION) 30 DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) Adolph C. Eisenberg M. D.

Address 2213 Orleans St

Date Augt 26. 1908

Place of Burial Mt Carmel

Date August 27 1908

Undertaker Robt J Turner

Address 1442 n Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C15157

Registered No. C 15157

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2040 E Biddle St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elsie Elizabeth Pennington

Residence, Give Street and Number, 2040 E Biddle

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 9 1889

AGE: 19 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John F Pennington

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Maggie Rice

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Pennington

(Address) 2040 E Biddle

Filed 8/27 1908

HARRY M. ANDREWS, Register.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Aug 26 1908

that I last saw her alive on Aug 26 1908

and that death occurred, on the date stated above, at 6 A M

M. CAUSE OF DEATH (Secondary or Immediate,)

Arthritis

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis 1 yr

(DURATION) DAYS

(Signed) J. H. Hessler M. D.

Address 2229 E Preston

Date Aug 26 1908

Place of Burial Baltimore Cemetary

Date August 28 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C15158

Ward 22 C15158 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 125 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hopkins

{ Residence, if in Baltimore, Give Street and Number. } 125 E. York St

Duration of Residence in Baltimore. 19 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jane Hopkins wife

(Address) 125 E York St

Filed 8/27 1908 HARRY O. [illegible], PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.. alive on ..... 190 .... 6.30

and that death occurred, on the date stated above, at ..... P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D. Coroner

Address .....

Date Aug 26 1908

Place of Burial Mt Auburn cem

Date Aug 27th 1908

Undertaker C. L. Brown and Son

Address 108 N Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15159

151

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15159

Registered No. B

City of Baltimore, (No. 2816 W. Lafayette Ave. St. 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Nicholas W and Ethel A ~~Renner~~ Renner

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 25 (Day) 1908 (Year)

AGE: × years, × months, fraction days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Nicholas W Renner

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ethel Amelia Dernerberg

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. S Parker MD

(Address) 3111 W North ave

Filed 8/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from birth 8/25 1908 to 8/25 1908 that I last saw h im alive on 8/25 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Breech delivery; Hydrocephalic + hair-lip head - Strangulation, 8½ Mos Foetus - No evidence of having breathed.

(DURATION) — DAYS

Contributory —

Emergency call - delivery within one hour

(DURATION) DAYS

(Signed) Edw S Parker M. D.

8-26 1908 (Address) 3111 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: ~~Loudon Park~~ Sweet Home

DATE OF BURIAL: Aug 27 1908

UNDERTAKER: W. J. Tickner & Son

ADDRESS: 425 W. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15160

Ward 12

C15160

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 426 Girard Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm P Sheehey

Residence, Give Street and Number, 426 Girard Ave

Life

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH June 29 — 1888

AGE 20 years, 1 months, 27 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Michael J. Sheehey

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Margt T. Bowes

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 426 Girard Ave

Filed 8/27 1908

HARRY O. ANDREWS, PERMIT CLERK.

Dr McCarthy

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to Aug 25th 1908

that I last saw h[illegible] alive on Aug 24th 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

& Asthenia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Aug 27th 1908

Place of Burial St Marys Govans

Date Aug 28th 1908

Undertaker H. C. Micklefield

Address 914 Greenmount Ave

Remarks 656 W. Franklin

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15161 Registered No. C C15161

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Conrod

Residence, Give Street and Number, St Vincents Inf Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W

DATE OF BIRTH July 23 1908

AGE years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 8/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 26 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Hayward M. D.

Address 1230 N Caroline

Date Aug 26 1908

Place of Burial Bon Cathedral

Date Aug 27. 1908

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15162 Registered No. C C15162

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelia Roelkins

Residence, Give Street and Number, St. Vincents Infant Asy.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W.

DATE OF BIRTH July 25 1918

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infs. Asy.

(Address)

Filed 8/27 190 8 HARRY G. ANDREWS PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 25 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Aug 25 190 8

that I last saw her alive on 190

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. N. Hayward M. D.

Address 1230 N. Caroline

Date Aug 26 190

Place of Burial Our Cathedral

Date Aug 27 190

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15163 Registered No. C C15163

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Theresa Ray.

Residence, Give Street and Number, St Vincents Inf. Asy lum.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR Mulatto

DATE OF BIRTH ..... 1 .....

AGE ..... years, ..... months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 8/27 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 25 1908

that I last saw her alive on " 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E K Kerrand M. D.

Address 1230 N Caroline

Date Aug 26 1908

Place of Burial Bur Cathedral

Date Aug 27 1908

Undertaker Gaetan Schuyler Sons

Address 106 E Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C15164 THIS IS A PERMANENT RECORD.

C15164

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 151

Ward 14

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alphonsus Andrews

Residence, Give Street and Number, St. Vincents Inf. Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1906

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infirmary.

(Address) .....

Filed 8/27 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

Remarks .....

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 25 1908

that I last saw him alive on ..... 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

..... (DURATION)

Contributory (Primary) .....

..... (DURATION)

(Signed) C. H. Ha...

Address 1230 N ...

Date .....

Place of Burial ...

Date ...

Undertaker ...

Address ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C15165

Registered No. B C15165

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 N Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Owens

{Residence, if in Baltimore, Give Street and Number.} 1009 N Woodyear St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH Aug 2 1908

AGE ....years, ....months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 1009 Woodyear St

FULL NAME OF FATHER John Owens

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Smith

(Address) 1009 N Woodyear

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Aug 24 1908

that I last saw him alive on Aug 23 1908

and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 10 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ....DAYS

(Signed) C A Davis M.D.

Address 923 N Carrollton

Date Aug 26 1908

Place of Burial Laurel Cem

Date Aug 27

Undertaker Sam'l H. Ch

Address 1400 ...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15166

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

66

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15166

Registered No. B.....

City of Baltimore, (No. 119 S. Green St.; 4th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherin Whalen

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) 4 (Day) 1840 (Year)

AGE: 68 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Higgins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: catherin Mullen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherin Smith

(Address) 119 S. Green

Filed 8/27 190 HARRY C. [redacted] PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 23 1908 that I last saw h alive on Aug 23 1908, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Right Hemiplegia

20 days (DURATION) DAYS

Contributory Arthritis (DURATION) 2 DAYS

(Signed) Wm L. Scarlett M. D.
149 S Paca
Aug 26 1908 (Address) 827 Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 28 1908

UNDERTAKER: [illegible] 213 Cook — ADDRESS: 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C15167 Registered No. B C15167

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julia W. Wagner

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 24 1838

AGE 72 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas Sears.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Brosnan

(Address) 2007 Ramsay St

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Aug 24 1908

that I last saw her alive on Aug 24 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

Broncho Pneumonia (DURATION) DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date August 25 1908

Place of Burial London Park

Date August 27 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C15168 Registered No. B C15168

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 30 S Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily V Kearney

{ Residence, if in Baltimore, Give Street and Number. } 30 S. Schroeder

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 7 1822

AGE 86 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James Healey

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER Catherine McDonald

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Kirby

(Address) 30 S Schroeder St

Filed 8/27 1908 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17th 1908 to Aug 26th 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edwin F. Mortimer M.D.

Address 1251 Fulton Ave

Date Aug 26th 1908

Place of Burial London Park

Date August 28 1908

Undertaker Jos B Cook

Address 1003 N Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ORE, City of Baltimore.

Ward 14 C15169 Registered No. B C15169

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Trumpkins

{ Residence, if in Baltimore, Give Street and Number. } 2238 Parrish Court

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Marsh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hannah Marsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1908

I HEREBY CERTIFY, That I attended deceased from August 25 1908 to Aug 27 1908 that I last saw h er alive on Aug 27 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1/2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date Aug. 27 1908

Place of Burial St Peters

Date Aug. 28th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15170 Registered No. B C15170

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 W Cross st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward J Lloyd -

{ Residence, if in Baltimore, Give Street and Number. } 1213 W Cross st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: One year Three months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George C Lloyd -

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary A Murphy -

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George C Lloyd

(Address) 1213 W Cross st

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 25 1908 that I last saw h[illegible] alive on Aug 26 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion (DURATION) 1 DAYS

(Signed) Edw Grumpf M.D.

Address 514 Lombard st

Date Aug 26 1908

Place of Burial New Cathedral

Date Aug. 28th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C15171 Registered No. C C15171

13

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles G Haukey

Residence, Give Street and Number, 1121 E North Ave

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH —

AGE 61 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Joseph Haukey

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella G Haukey

(Address) 1121 E North ave

Filed 8/27 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August. 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Aug 26 1908

that I last saw h in alive on Aug 26 1908

and that death occurred, on the date stated above, at 3.52 A. M. CAUSE OF DEATH (Secondary or Immediate,)

~~Chronic Nephritis~~

Heart failure

(DURATION) One day

Contributory (Primary) Cholera Morbus

(DURATION) One day

(Signed) R G Davis M. D.

Address 1507 N Carrollton

Date Aug 27 1908

Place of Burial Baltimore Cemetery

Date Aug. 29th 1908

Undertaker Howe Cook

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C15172 Registered No. B C15172

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 806 Addison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Hulahan

{Residence, if in Baltimore, Give Street and Number.} 806 Addison St.

Duration of Residence in Baltimore. 46 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hulahan

(Address) 806 Addison St

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Aug 27 1908

that I last saw h.. alive on Aug 26 1908

and that death occurred, on the date stated above, at 4

a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

Dilated heart. (DURATION) Unknown DAYS

Contributory (Primary) Insufficiency with Chronic

Myocarditis (DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument St.

Date Aug 27 1908

Place of Burial Holy Cross

Date Aug 29 1908

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15173 Registered No. B C15173

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew J. Mackin (Mackin)

{Residence, if in Baltimore, Give Street and Number.} 543 E. Pond ave.

Duration of Residence in Baltimore. 23 yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 10 – 20 – 1864 |
| AGE | 44 years, – months, – days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Michael Mackin |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Mary Lackey |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Engineer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1253 Hillyard

Filed 8/27 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1908 to Aug. 25 1908 that I last saw him alive on Aug. 25 1908 and that death occurred, on the date stated above, at 11.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Dysentery.

(DURATION) DAYS

(Signed) Wm. J. Johnston M.D.

Address City Hosp.

Date Aug. 25 – 1908

Place of Burial New Cathedral

Date Aug 28 1908

Undertaker John J Fahey & Son

Address 1253 Hillyard

WM. J. C. DULANY CO., BALTIMORE.

29.05
18
4J6

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

C15174

Ward..... C15174 Registered No. B.....

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. House of the Good Shepherd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sister M Joseph Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} Cor Mount & Hollins Sts

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH — — — 1857

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER do not know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Sewing Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of Good Shepherd

(Address) Balto Md

Filed 8/27 1908 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to Aug 26th 1908

that I last saw her alive on aug 26 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

5 or 6 Months (DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) E. J. Nicholson M.D.

Address 115 W Franklin

Date Aug 26th 1908

Place of Burial House of Good Shepherd

Date Aug 27 1908

Undertaker John J Fahey & Son

Address 1232 Hillyard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21

# HEALTH DEPARTMENT, City of Baltimore.

C15175

Registered No. C 15175

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 Ward St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Dorsey

Residence, Give Street and Number, 1415 Ward St

Duration of Residence in Baltimore, about 40 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Femal

COLOR: colored

DATE OF BIRTH: dont know ... 1

AGE: about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Marrid.

BIRTHPLACE (State or county): Maryland probably

FULL NAME OF FATHER: Wm. Turner.

BIRTHPLACE OF FATHER (State or county): dont know

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or county): dont know

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernie Smith

(Address) 1428 Ward St

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to July 8 1908

that I last saw her alive on July 8 1908

and that death occurred, on the date stated above, at 12 M. to 4

CAUSE OF DEATH (Secondary or Immediate,)

a Apoplexy

a few minutes (DURATION) DAYS

Contributory (Primary) Arteriosclerosis

6 mos (DURATION) DAYS

(Signed) W. E. Kurtz M. D.

Address 1002 W Lanvale

Date Aug 25 1908

Place of Burial Mt Auburn Cemetery

Date August 27 1908

Undertaker Leo H Hooper

Address 609 Little Pacific St

Remarks: I saw this woman off & on for several years past but had not seen her since July 8th 08 until this morning when she was found dead in her bed.

Ward 5 C15176 Registered No. B C15176

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jasper Lee

{Residence, if in Baltimore, Give Street and Number.} 122 East Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son —

(Address) 122 East St

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 26 1908

that I last saw h alive on Aug 26 1908

and that death occurred, on the date stated above, at 4 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. V. Richardson M.D.

Address Johns Hopkins Hospital

Date Aug 26 1908

Place of Burial Laurel

Date August 27 1908

Undertaker R. F. Gallant

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 15177

176

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franz Gross

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married a.p.d

BIRTHPLACE (State or county) a.p.d Germany (?)

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED — Tailor a.p.d.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8 27 1908 HARRY O. ANDREWS; PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 26 - 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

(Decedent was insane patient at Bay View Insane Hospital, and was assaulted by a fellow patient, resulting in fracture of skull and death. a.p.d.) (DURATION) ..... DAYS

Contributory (Primary) Homicides

(DURATION) ..... DAYS

(Signed) ..... M. D.

Address .....

Date ..... 190 .....

Place of Burial Woodlawn Cem

Date Aug 28 1908

Undertaker Jacob Abrendt & Co

Address 1607 Madison Ave

Remarks Over

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ARTMENT, City of Baltimore. C15178

Ward 20 C15178 Registered No. B

# CERTIFICATE OF DEATH.

175

(Place of Death.) No. 2024 Eagle St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hanah Karliner

{ Residence, if in Baltimore, Give Street and Number. } 2024 Eagle St.

Duration of Residence in Baltimore. 7 mos.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 25th 1908

AGE ..... years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Michael Karliner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Prarda

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. B. Bordensky, M.D.

(Address) 507 S. Pulaski St.

Filed 8/27 1908 HENRY M. ANDREWS, CHIEF CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 27 1908 to ..... 190.....

that I last saw her alive on Aug. 27 1908,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ptomaine poisoning. Child was fed with meat, tomatoes, and peas

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) N. B. Bordensky M.D.

Address .....

Date ..... 190.....

Place of Burial Washington Road Congregation Anshe Mones Montefiore Date Aug. 27 1908 annual Israelite

Undertaker C. H. Bruce & Company

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15179 Registered No. B C15179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 917 Jordan al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Burton

{ Residence, if in Baltimore, Give Street and Number. } 917 Jordan al.

Duration of Residence in Baltimore. 16 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 16 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Burton

(Address) 917 Jordan Alley

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 26 1908 that I last saw h[er] alive on Aug 26 1908, and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General asthenia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 365 DAYS

(Signed) M Adendorf M.D.

Address 742 W Fayette St

Date Aug 27 1908

Place of Burial Payne Ave Cemetery

Date Aug 30 1908

Undertaker Wilbur W Glasser

Address 316 N Freemont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 41 C15180 Registered No. C C15180

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. Emma Wilson Sanitarium Mt Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Kirby

Residence, Give Street and Number, 613 East Anchor

Duration of Residence in Baltimore, 5 mths

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: years, 2 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Inf

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED: Inf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/27 1908 HARRY J. ANDREWS, PERRIE ALDEN Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: August 25 1908

I HEREBY CERTIFY, That I attended deceased from August 1 1908 to Aug 25 1908 that I last saw h e alive on Aug 25 1908 and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Ileo-Colitis

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Whitridge Jr. M. D.

Address 802 Cathedral St

Date Aug 27 1908

Place of Burial JOHNS HOPKINS HOSPITAL AUG 2 1908

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City of Baltimore.

C15181

Ward 11

C15181 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jennie Day

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. One hour.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Aug. 25 1908 |
| AGE | One hour<br>..... years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Md. Genl Hosp. City |
| FULL NAME OF FATHER | Jennie Day. |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | Jennie Day. |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Aug 25 1908 that I last saw h er alive on Aug 25 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(5½ mos gestation)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J H. Streett M.D.

Address Md Genl Hosp.

Date Aug 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 27 1908 190 ....

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

City of Baltimore. C15181 ... as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C15182 Registered No. B C15182

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Hammond

{Residence, if in Baltimore, Give Street and Number.} Frederick Co. Md.

Duration of Residence in Baltimore. 3 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farm Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1808 N Chas St.

Filed 8/27 1908

HARRY S. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Cutting throat with Razor.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1607 Broadway

Date 1208 Aug 22 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 27 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 10 C15183 Registered No. B C15183

# CERTIFICATE OF DEATH.

17

(Place of Death.) No. Marine Railway foot Point 4 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Thomas Phelps

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/27 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Cann M.D.

Address 320 h Guilford Ave

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 27 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... Registered No. B ..... C15184

C15184

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Walker

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: M. | COLOR: Colored |
| DATE OF BIRTH: 1 | |
| AGE: 49 years, — months, — days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26, 1908

I HEREBY CERTIFY, That I attended deceased from July 17, 1908 to August 26, 1908

that I last saw him alive on Aug. 26, 1908, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH. (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R. H. Baker M.D.

Address Bay View Hospital

Date Aug 27 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 27 1908 190...

Undertaker G. L. Hurley

Address 931 N. Market

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

BAY VIEW ASYLUM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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PART ENCLOSED BY BLACK LINES.

**SECTION 2.** *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

**HEALTH DEPARTMENT, City of Baltimore.** C15185

Ward 15 C15185 Registered No. C

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1710 N. Fulton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C. Greene

Residence, Give Street and Number, 1710 N. Fulton ave

Duration of Residence in Baltimore, 8 mos.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH March 20th 1858

AGE 50 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Norwich Conn

FULL NAME OF FATHER Chas. N. Greene

BIRTHPLACE OF FATHER (State or county) Brooklyn Conn

MAIDEN NAME OF MOTHER Charlotte Leavitt

BIRTHPLACE OF MOTHER (State or county) Norwich Conn

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H B Greene

(Address) 1710 N. Fulton ave

Filed 8/27 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Aug 26th 1908

that I last saw him alive on Aug 26th 1908

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uremia

4 hours (DURATION) ... DAYS

Contributory (Primary) Interstitial Nephritis 6 months (DURATION) ... DAYS

(Signed) Page Edmunds M. D.

Address 1518 Edmondson Ave

Date Aug 27 1908

Place of Burial Easton Md

Date Aug 28th 1908

Undertaker G. F. Walker

Address 723 W. Lafayette

Remarks

Ward ..... C15186 Registered No. B ..... C15186

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Pa. R. R. Tunnel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard G. Baptin

{Residence, if in Baltimore, Give Street and Number.} 906 Brown St

Duration of Residence in Baltimore. Four Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ~~Summer Aug. 26th 1908~~

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C

FULL NAME OF FATHER: Robin Baptin.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Charlotte Cheeley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Track Layer. Pa. R. R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bell Baptin

(Address) 906 Brown St.

Filed 8/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 26th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

Killed instantly (DURATION) ..... DAYS

Contributory (Primary.) accidental R.R. injuries (DURATION) ..... DAYS

(Signed) Lucian Baetzman M.D.

Address 700 Lap. av (Corner)

Date Aug. 27th 1908

Place of Burial H. Thomas Md Charles Co.

Date Aug 27 190 .....

Undertaker Hammett & Dugan

Address 1264 Henry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15187

Ward..... Registered No. C 45

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex McGregor

Residence, Give Street and Number.

Duration of Residence in Baltimore, 2 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W.

DATE OF BIRTH: Not known

AGE: 71 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Widower

BIRTHPLACE (State or county): Scotland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or county): Scotland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): Scotland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday BAY VIEW ASYLUM. Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/28" 1908

HARRY O. ANDREWS. Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 26, 1908.

I HEREBY CERTIFY, That I attended deceased from May 28. 1908 to August 26 1908

that I last saw h im alive on August 26 1908

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Osteo - Sarcoma

+Arterio - Sclerosis (DURATION) DAYS

(Signed) H. O Bahen M. D.

Address Bay View Hospital

Date August 27. 1908.

Place of Burial Louden Park

Date Aug 28 1908

Undertaker Robt J. Turner

Address 1442 N Broadway

Remarks

Ward 20 — C15188 — Registered No. B C15188

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2015 Christian St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Child (girl) of Abr. + Ida Tamres.

{ Residence, if in Baltimore, Give Street and Number. } 2015 Christian St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 23 1908

AGE ....years, ....months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Abraham Tamres

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Frankle

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. B. Bordensky, M.D.

(Address) 507 S. Pulaski St.

Filed 8/28 1908 — HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27 - 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1908 to Aug. 27 1908

that I last saw her alive on Aug. 27 1908

and that death occurred, on the date stated above, at 4 P.

M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) 5 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) N. B. Bordensky, M.D.

Address 507 S. Pulaski St.

Date Aug. 27 - 1908

Place of Burial Washington Road Congregation Moses Montefiore

Date Aug - 28th 1908

Undertaker Amplias Israel C. H. McCormick

Address 1729 W Lombard St -

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7

~~C15188~~ C15189

Registered No. C ~~C15188~~ C15189

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 821 S Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaw Jarecki

Residence, Give Street and Number, 821 S. Bond St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 13 1907

AGE: 1 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Stanislaw Jarecki

BIRTHPLACE OF FATHER (State or county): Russia Poland

MAIDEN NAME OF MOTHER: Dorathy Zakrzwska

BIRTHPLACE OF MOTHER (State or county): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaw Jarecki

(Address) 821 S Bond St

Filed 8/28 1908

HARRY O. ANDREWS, CHIEF CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1908 to Aug 27 1908

that I last saw h s alive on 1908

and that death occurred, on the date stated above, at 1.00 M.

CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteritis

(DURATION) 7 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) DAYS

(Signed) W. J. Ryan M. D.

Address 2018 E Baltimore

Date Aug. 27 1908

Place of Burial Holy Rosary

Date Friday Aug 28 1908

Undertaker M. J. Sadowski

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24 — C15190 — Registered No. B C15190

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 401 Sanders St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Reinhart

{Residence, if in Baltimore, Give Street and Number.} 401 Sanders St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Aug 22nd 1908

AGE ... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H. Reinhart

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Clara Belle Shreeve

BIRTHPLACE OF MOTHER (State or country) Washington D.C

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Reinhart

(Address) 401 Sanders St.

Filed 8/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1908 to Aug 27th 1908

that I last saw him alive on Aug 27 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 7 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1340 Charles

Date Aug 27th 1908

Place of Burial St. Peters Cemetery

Date Aug. 28th. 1908

Undertaker John J. Fahey & Son

Address 1232-36 Wilkens St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C15191 Registered No. B 81

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Johnson

{ Residence, if in Baltimore, Give Street and Number. } 720 N Vincent Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: ~~White~~ Colored X

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lipston

(Address) 720 Vincent St

Filed 8/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Aug 25 1908

that I last saw h alive on Aug 25 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio - Sclerosis

(DURATION) DAYS

Contributory (Primary) Senility (DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Aug 1908

Place of Burial Leatherwood Spec Wilkinson Co. Va

Date Aug 29 1908

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15192 Registered No. B C15192

# CERTIFICATE OF DEATH.

9

(Place of Death.) No. 2830 O'Donnell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Kreis.

{ Residence, if in Baltimore, Give Street and Number. } Baltimore, Md. 2830 O'Donnel St.

Duration of Residence in Baltimore..... one year & 1 mo.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | July 25, 1908 |
| AGE | One year, One month, 2 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | single. |
| BIRTHPLACE (State or country) | Baltimore. Md. |
| FULL NAME OF FATHER | Adolf Kreis |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | Elizabeth Rolf |
| BIRTHPLACE OF MOTHER (State or country) | Germany. |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolf Kreis

(Address) 2830 O'Donnel St.

Filed 8/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Aug 27 1908

that I last saw her alive on Aug 27 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Immediate. a) Toxemia.

b)

c)

(DURATION) 2 DAYS

Contributory (Primary.) Diphtheritic Croup.

1 week (DURATION) DAYS

(Signed) Hubert Schoenrich, M.D.

Address 1013 E. Canton St.

Date Aug. 27, 1908.

Place of Burial Trinity Cem.

Date 8/28/08 190

Undertaker J. Herrig & Son

Address 2008 Gilmore St

4 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15193 Registered No. B C15193

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2529 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Scheder

{ Residence, if in Baltimore, Give Street and Number. } 2529 Canton ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1908

AGE: ..... years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Simon Scheder

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Elba Perina

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Scheder

(Address) 2529 Canton Ave.

Filed 8/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Aug 27 1908

that I last saw h[illegible] alive on Aug 27 1908,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis (DURATION) 14 DAYS

Con'tributory (Primary.) Cholera Infantum (DURATION) [illegible] DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date Aug 28 1908

Place of Burial Sacred Heart

Date Aug. 29" 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C15194 Registered No. B C15194

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 223 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Talley

{Residence, if in Baltimore, Give Street and Number.} 223 N Madeira ave

Duration of Residence in Baltimore. since birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Talley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Reges

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hartsuller

(Address) 223 N Madeira ave

Filed 8/28 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augt 28 1908

I HEREBY CERTIFY, That I attended deceased from Augt 10 1908 to Augt 28 1908

that I last saw him alive on Augt 28 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Atrophy Infantum

(DURATION) 18 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans ave

Date Augt 28 1908

Place of Burial Holy Redeemer

Date Aug 29th 1908

Undertaker Wendell Diffendon

Address 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15195 C15195

Ward 7K Registered No. B 117

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fred Bonacklagel

{ Residence, if in Baltimore, Give Street and Number. } 1138 Riverside Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 17th 1860

AGE: 45 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll County

FULL NAME OF FATHER: Georg Bornschlegel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Greer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bonschlegel

(Address) 1138 Riverside Ave.

Filed 8/28 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1908 to Aug. 26 1908

that I last saw him alive on Aug. 26 1908

and that death occurred, on the date stated above, at 3.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

(DURATION) DAYS

Contributory (Primary) Cirrhosis of Liver - Chr. Nephritis (DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address City Hospital

Date Aug. 26 08 1908

Place of Burial Holy Cross R.R.Co.

Date Aug 29th 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15196

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15196

City of Baltimore, (No. 1509 Boroughs St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillie M. Meyer

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 2 (Day) 1907 (Year)

AGE: 1 years, — months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Gustav A. Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Gampe

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav A Meyer

(Address) 1509 Boroughs ste.

Filed 8/28 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to Aug 26 1908 that I last saw h-er alive on Aug 26 1908, and that death occurred, on the date stated above, at 3.45 a. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 6 DAYS

Contributory

(DURATION) 6 DAYS

(Signed) W. H. Smith M. D.

Aug 27 1908 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Aug 28 1908

UNDERTAKER: Jos. Stinchcomb

ADDRESS: 1315 Light St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15197

## CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John V. Neser

Residence, Give Street and Number, 1700 W Lanvale St

Duration of Residence in Baltimore,

### PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: April 21 — 1833

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John B Neser

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Margaretha Tessner

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Neser

(Address) 1708 W Lanvill St

Filed 8/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 27, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 27 1908

that I last saw h[illegible] alive on Aug 27 1908

and that death occurred, on the date stated above, at 1. P. M. CAUSE OF DEATH (Secondary or Immediate,)

Hypostatic Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Tuberculosis Pulmonalis (DURATION) 2 Yrs DAYS

(Signed) M. A. O'Neill M. D.

Address 108 N. Fulton Ave

Date Aug 27 1908

Place of Burial Woodlawn Cathedral Cemetery

Date Aug 29/08 1908

Undertaker H. C. Branning & Son

Address S. S. Appleton St

Remarks See following certificate

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 16 Permit No. B. C15197

Office of Registrar of Vital Statistics.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

27

Date of Death, August 27, 1908.

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give name of parents.} John V. Neser.

Age, 75 Years, — Months, — Days, Sex, Male Color, White

Married, Single, Widow, or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker.

Nationality of Parents, {Father / Mother} German

Birthplace, {State or County, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1700 W. Lanvale St

Residence, 1700 W Lanvale St.

Cause of Death, {First, (Primary) Tuberculosis Pulmonalis. / Second, (Immediate) Hypostatic Pneumonia.}

Duration of Last Sickness, 5 days.

All of the above shall be filled out by the Physician.

Place of Burial, Ver. Cathedral (Cemetery)

Date of Burial, Aug 29/08

M. A. O'Neill M. D.,
Medical Attendant.

{Undertaker, H. C. Brannan & Son / Place of Business 5 S. Poppleton St} Address 108 N. Fulton Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER.)

HARRY C. ANDREWS,
PERMIT CLERK.

REMARKS:

OK
a D.J

Ward 13 C15198 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Braddish Ave & Liberty Road St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number) 19

Full Name Joseph Robinson Kremer

{Residence, if in Baltimore, Give Street and Number.} Braddish Ave & Liberty Road

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH 1

AGE 64 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Kremer

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Mary V. Robinson

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. P. Smith

(Address) Braddish Ave & Liberty Rd

Filed 8/28/08

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27th 1908

I HEREBY CERTIFY, That I attended deceased from August 25 1908 to Aug 27 1908

that I last saw him alive on Aug 27th 1908

and that death occurred, on the date stated above, at 4 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) — DAYS

Contributory (Primary.) Apoplexy

(DURATION) — DAYS

(Signed) W. D. Olmstead M.D.

Address 1828 N. North Ave

Date Aug 29 1908

Place of Burial London Park

Date August 30th 1908

Undertaker William Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15199 Registered No. B

# CERTIFICATE OF DEATH.

C15199

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Stevens

{Residence, if in Baltimore, Give Street and Number.} 518, N Central Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH 1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Holliday, Supt. BAY VIEW ASYLUM

(Address)

Filed 8/28 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25, 1908.

I HEREBY CERTIFY, That I attended deceased from July 10, 1908 to Aug. 25 1908.

that I last saw h im alive on Aug. 25, 1908,

and that death occurred, on the date stated above, at 5 00 P. M. CAUSE OF DEATH (Secondary or Immediate).

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R T Eaken M.D.

Address Bay View Hospital

Date Aug. 26, 1908.

Place of Burial Laurel

Date August 28 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15200 Registered No. B C15200

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 663 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Zigman Zipleuskie

{ Residence, if in Baltimore, Give Street and Number. } 663 W. Saratoga

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH March 10 1908

AGE ..... years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Joseph Zipleuskie

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Magdalene Czababoes

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Zipleuskie

(Address) 663 Saratoga St

Filed 8/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) Gastro-enteritis

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie

Address Coroner

Date August 28 1908

Place of Burial St. Stanislaus

Date Aug 29 1908

Undertaker William Gallagher

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 C15201 Registered No. B C15201

# CERTIFICATE OF DEATH.

150 c

(Place of Death.) No. 224 N Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Risso (Theodore Risso)

{Residence, if in Baltimore, Give Street and Number.} 224 N Gay St

Duration of Residence in Baltimore. 4y

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5 1908

AGE: ____ years, ____ months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Char. Risso

BIRTHPLACE OF FATHER (State or country): Italy Italy

MAIDEN NAME OF MOTHER: Mary Etzel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Risso

(Address) 224 N. Gay St.

Filed 8/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from 190 8 to Aug 28 1908 that I last saw h alive on Aug 28 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Cerebral

Duration (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Arch

Date Aug 28 1908

Place of Burial Western Cem.

Date Aug. 28 1908

Undertaker Ph. J. Dillon Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C15202 Registered No. B C15202

# CERTIFICATE OF DEATH.

27

Place of Death.) No. 1225 Goodwin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Connelly

{ Residence, if in Baltimore, Give Street and Number. } 1225 Goodwin St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | July 22 1891 |
| AGE | 17 years, 1 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Michael Connelly |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Kate Marron |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Conductor |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mich Connelly

(Address)

Filed 8/28 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to Aug 27 1908

that I last saw h— alive on Aug 27 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James M Benton M.D.

Address 1417 E Chase St

Date July 28 1908

Place of Burial New Cathedral

Date Aug 29 1908

Undertaker Marty Faber & Son

Address 606 Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15203 Registered No. B C15203

# CERTIFICATE OF DEATH. 7

(Place of Death.) No. 803 N. Montford Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert M. Porter

{Residence, if in Baltimore, Give Street and Number.} 803 N. Montford Ave

Duration of Residence in Baltimore. Lft

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH March 17 1905

AGE 3 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Robert T. Porter

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary Pans

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert T. Porter

(Address) 803 N. Montford ave

Filed 8/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Aug 28 1908 that I last saw him alive on Aug 28 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Toxemia

(DURATION) 2 DAYS

Contributory (Primary) Scarlet Fever

(DURATION) 2 DAYS

(Signed) Alois B. Lumani M.D.

Address 742 N. Fulton Ave

Date Aug 28/08 1908

Place of Burial Mt Carmel Cemetary

Date Aug 29/08 9 30 A. M. 1908

Undertaker Christian Miller

Address 1334 Jefferson st.

9 1/2 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

C15204

Registered No. C 15204

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 128 W York St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Tate

Residence, Give Street and Number, 128 W York Street

Duration of Residence in Baltimore, Abut 30 Years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Black

DATE OF BIRTH Abut 1842

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. widow

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER Rosa Sample

BIRTHPLACE OF MOTHER (State or county) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie White

(Address) 128 W. York St

Filed 8/28 1908 HARRY G. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 27 1908

that I last saw her alive on Aug 12 1908

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Myocarditis + Mitral Insufficiency with loss of compensation

(DURATION) 90 DAYS

Contributory (Primary)

Organic Heart Disease (DURATION) 90 DAYS

(Signed) Mary B. Campbell M. D.

Address 115 W. Baure St Evening Telegram

Date August 27 1908

Place of Burial Mt. Auburn Cem.

Date August 29 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C15205 Registered No. B C15205

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 719 W German St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hettie Watson

{Residence, if in Baltimore, Give Street and Number.} 719 W German

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Watson

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Daisey Temple

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Watson

(Address) 719 W. German st.

Filed 8/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Aug 28 1908

that I last saw h in alive on Aug 27 1908

and that death occurred, on the date stated above, at 345 A M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) x

(DURATION) x DAYS

(Signed) x x vanWilliams M.D.

Address 601 N Carrollton Ave

Date Aug 28 th 1908

Place of Burial Mt Auburn Cemetery

Date August 29th 1908

Undertaker Geby B Pue.

Address 112 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C15206 Registered No. B C15206

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 437 Forrest, southwest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Catherine Schaletzky

{Residence, if in Baltimore, Give Street and Number.} 437 Forrest, southwest

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7th 1902

AGE 6 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John J Schaletzky

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Frances R Stilling

BIRTHPLACE OF MOTHER (State or country) Balto County

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Schaletzky

(Address) 437 Forrest St

Filed 8/28 1908

HARRY G. ANDREWS
Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Aug 28 1908

that I last saw her alive on Aug 28 1908,

and that death occurred, on the date stated above, at 12.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea Enteritis

(DURATION) 2 - DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Cox M.D.

Address 542 Fulton Ave

Date Aug 28 1908

Place of Burial Cathedral Cemetery

Date August 29th 1908

Undertaker Williams Bros

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15207 Registered No. B C15207

# CERTIFICATE OF DEATH.

91

(Place of Death.) No. 652 Eastern Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethelbert Parker.

{Residence, if in Baltimore, Give Street and Number.} 652 Aden alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colord

DATE OF BIRTH: 1

AGE: 60 years, months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Ethebert Parker

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Margret Gross

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Oyster shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence L Parker

(Address) 501 Elbron Lane

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Aug 24 1908

that I last saw h alive on Aug 24 1908

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or immediate.)

Bronchitis

(DURATION) 1 mo DAYS

Con'ributory (Primary.) Heart Failure

(DURATION) 1 mo DAYS

(Signed) W. Finlay M.D.

Address 714 S Bond St

Date Aug 28 1908

Place of Burial Mt Hope cemetery

Date August 29 1908

Undertaker Geo H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15208 Registered No. B C15208

# CERTIFICATE OF DEATH.

48

(Place of Death.) No. 708 N Carey St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Chas S Klauschock

{ Residence, if in Baltimore, Give Street and Number. } 708 N Carey

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR white.

DATE OF BIRTH ~~Aug~~ Feb 12, 1860

AGE 48 years, 7 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Francis Klauschock

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Prussia.

OCCUPATION OF DECEASED Expert Accountant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Father~~ Adolf Klauschock

(Address) 708 N. Carey St.

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1908

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug 27 1908 that I last saw him alive on Aug 26 1908, and that death occurred, on the date stated above, at 12 noon

I. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Structures Dyspepsia & Gas (DURATION) DAYS

(Signed) James Bosley M.D.

Address 701 Hollins St

Date Aug 28 1908

Place of Burial London Park.

Date Aug 31, 1908

Undertaker Geo. I. Smith Co.

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward ..... C15209 Registered No. B .....

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 632 W Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jacob W. Porter

{ Residence, if in Baltimore, Give Street and Number. } 632 W Lombard

Duration of Residence in Baltimore. One (1) year

## PERSONAL AND STATISTICAL PARTICULARS

SEX male. | COLOR white.

DATE OF BIRTH Sept 1 1830

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed.

BIRTHPLACE (State or country) New York.

FULL NAME OF FATHER Armstead P. Porter.

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Eliza Willard

BIRTHPLACE OF MOTHER (State or country) New York.

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adora V. Ellar

(Address) 632 W. Lombard St.

Filed 8/29 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1908 to Aug 28 1908 that I last saw h.. alive on Aug 28 1908 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Con'tributory (Primary.) Apoplexy.

(DURATION) 3 DAYS

(Signed) M. Allenberg M.D.

Address 742. W Fayette St

Date Aug 25 1908

Place of Burial Mt. Olivet & St. Michaels

Date Aug. 30, 1908

Undertaker Geo. J. Smith, Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. C

# CERTIFICATE OF DEATH. C 15210 27

(Place of Death.) No. 4403 Frederick Ave Extd St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Smit

Residence, Give Street and Number, 4403 Frederick Ave Ext

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: February 7 1891

AGE: 17 years. 6 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Wm. J. Smit

BIRTHPLACE OF FATHER (State or county): md

MAIDEN NAME OF MOTHER: Mattie Roach

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca St

Filed 8/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Aug 28 1908

that I last saw her alive on Aug 27 1908

and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

19 mo. (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C R Davis M. D.

Address 923 N Carrollton Ave

Date Aug 28th 1908

Place of Burial New Cathedral Cem

Date August 31 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C15211 — Registered No. C 15211

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Johnson

Residence, Give Street and Number, 433 Moore St

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Frank Johnson

BIRTHPLACE OF FATHER (State or county): Amanda Johnson

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) ....

Filed 8/29 1908

HARRY S. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 27, 1908.

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to August 27 1908

that I last saw her alive on August 27 1908

and that death occurred, on the date stated above, at 9.40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) .... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) .... DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date August 27, 1908.

Place of Burial Laurel Cemetery

Date Aug 29 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks ....

BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

Registered No. B C15212

C15212

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver Armstrong.

{Residence, if in Baltimore, Give Street and Number.} 1127 Mason Alley.

Duration of Residence in Baltimore. 36 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Awkwood

(Address) 1127 Mason alley

Filed 8/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Aug 26 1908 that I last saw h... alive on Aug 26 1908, and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia.
(Acute Brights)

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid fever.

(DURATION) 29 DAYS

(Signed) S. H. Streett M.D.

Address Md Gen'l Hospital

Date Aug 26 1908

Place of Burial Mt Auburn

Date August 29 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15213

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 569 Offord St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Green

{Residence, if in Baltimore, Give Street and Number.} 569 Offord St

Duration of Residence in Baltimore. 36 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 50 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August J. Hiercie

(Address) 569 Offord St.

Filed 8/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Laudum

Three days (DURATION) ..... DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 N. Lafayette Ave (Corner)

Date Aug. 28 1908.

Place of Burial Mt Zion Cemetery

Date Aug 30 1908

Undertaker R. R. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

# CERTIFICATE OF DEATH.

Registered No. B C15214

City of Baltimore, (No. 1740 Hoffman Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irene Pellman Bond

### PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH March 26 1908 (Month) (Day) (Year)

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wilson Bond

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER Rebecca Gould

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R N Elliott

(Address) .....

Filed 8/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 7 1908 to aug 26 1908 that I last saw her alive on aug 26 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Malnutrition

Summer cholera

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) R. A. Urgahart M. D.

8/29, 1908 (Address) J. H. Dietz

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Asbury Cemetery | DATE OF BURIAL Aug 30 1908

UNDERTAKER R N Elliott | ADDRESS 506 Roycroft

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15215

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 Thomas Wilkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P Petty

Residence, Give Street and Number, 1809 Falls Road

Duration of Residence in Baltimore, born

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| male | White |

DATE OF BIRTH Feb 28th 1908

AGE ___ years, 6 months, ___ days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto city

FULL NAME OF FATHER Wm S Petty

BIRTHPLACE OF FATHER (State or county) Balto city

MAIDEN NAME OF MOTHER Winifred Cooper

BIRTHPLACE OF MOTHER (State or county) Balto city

OCCUPATION OF DECEASED ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm S Petty

(Address) 1809 Falls Road

Filed 8/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 28 1908

that I last saw h[illegible] alive on Aug 28 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) 2 mo DAYS

Contributory (Primary) Pneumonia (DURATION) 12 DAYS

(Signed) W M Kerr M. D.

Address 8 W Lexington St

Date Aug 28 1908

Place of Burial Cathedral

Date Aug 30 th 1908

Undertaker C A F Phelps

Address 1711 Mad ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C15216 Registered No. C C15216

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Myers.

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1838

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address).....

Filed 8/29 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 28, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1908 to Aug. 28 1908

that I last saw him alive on Aug 28, 1908.

and that death occurred, on the date stated above, at 10— A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

.....

.....

.....

.....(DURATION).....DAYS

Contributory (Primary) Intestinal Obstruction

.....(DURATION).....DAYS

(Signed) E. E. Cohn M. D.

Address Bay View Hospital

Date Aug. 28, 1908.

Place of Burial Sacred Heart Cemt.

Date August 29, 1908.

Undertaker Chas. F. Evans

Address 118 & 120 N. Mt. Royal Ave.

Remarks.....

.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C15217 Registered No. C C15217

# CERTIFICATE OF DEATH.

67

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Browne

Residence, Give Street and Number,

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1863

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 27. 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 14 1908 to Aug. 27 1908, that I last saw h in alive on Aug. 27 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart - failure

(DURATION) DAYS

Contributory (Primary) Paresis

(DURATION) DAYS

(Signed) M. D.

Address Bay View Hospital

Date Aug. 28. 1908 190

Place of Burial Sacred Heart Cemt.

Date August 29, 190 8.

Undertaker Chas. F. Evans.

Address 1180 1180 W. Mt. Royal Ave.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward ..... Registered No. B C15218

# C15218 CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Lancaster St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Slonikoski

{ Residence, if in Baltimore, Give Street and Number. } 1631 Lancaster st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 1 1908

AGE: 1 years, 7 months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Jno Slonikoski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Antania Visniewska

BIRTHPLACE OF MOTHER (State or country): Pland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Slonikoski

(Address) 1631 Lancaster st

Filed 8/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 28 1908 that I last saw h— alive on Aug 28 1908, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wentzen M.D.

Address 160 Bunty

Date Aug 28 1908

Place of Burial St. Stanislaus

Date Aug 29 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna st

WM. J. C. DULANY CO., BALTIMORE.

105

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case is referred to him, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, notice, to furnish within setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15219

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 130 S Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Maria Brooks

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: aug (Month) 25 (Day) 1825 (Year)

AGE: 83 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Pusper

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Brooks

(Address) Monell Park Baltimore Md

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Aug 29 1908 that I last saw her alive on Aug 28 1908, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) 3 DAYS

Contributory Old age

(DURATION) — DAYS

(Signed) Geo. L. M. Kieffer M. D.

Aug 29 1908 (Address) Monell Park Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Olivet Cem | Aug 30 1908 |
| UNDERTAKER | ADDRESS |
| Robt Brookes & Son | Calhoun & Hollins |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause* and date of death.

Ward 6 C15220 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 414 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma L. Richardson

{Residence, if in Baltimore, Give Street and Number.} 414 N. Luzerne st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 2 1875

AGE 33 years, months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frank Shubrell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elizabeth Burch

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L. Richardson

(Address) 414 N. Luzerne st

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 27 1908 190

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Aug 27 1908 that I last saw h alive on Aug 27 1908 and that death occurred, on the date stated above, at 10 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) 1 DAYS

Con'tributory (Primary.) Typhoid

From (DURATION) 14 DAYS

(Signed) A B Lippard M.D.

Address 1412 N. Calhoun St.

Date AUG 28 1908 190

Place of Burial Loraine Cemetery

Date AUG 30 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C15221 Registered No. B C15221

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 Mosher St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James H. Whiteley

{ Residence, if in Baltimore, Give Street and Number. } 1601 Mosher

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

AGE 84 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER David Whiteley

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate F Lucas

(Address) 1609 Mosher St

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27th 1908

I HEREBY CERTIFY, That I attended deceased from August 26th 1908 to August 27 1908 that I last saw him alive on August 27 1908, and that death occurred, on the date stated above, at 10.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Valvular Disease of Heart & Arteriosclerosis about 6 months (DURATION) — DAYS

(Signed) Chas L. Puddlemyer M.D.

Address 418 S. Paca St.

Date August 28th 1908

Place of Burial Loudon Park

Date Aug. 31. 1908

Undertaker Wm Pool

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C15222

## CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Codd.

Residence, Give Street and Number, 418 E. Monument

Duration of Residence in Baltimore, 9 Years

### PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Michael Codd

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Ann Doyle

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Fire Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug. 28, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1908 to Aug 28, 1908.

that I last saw h, in alive on Aug 28, 1908.

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Aug. 28, 1908.

Place of Burial Cathedral

Date Aug 31— 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

Ward 24 Registered No. B C15223

C15223

# CERTIFICATE OF DEATH.

164

(Place of Death.) No. 1923 Canton Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Lee Seward

{Residence, if in Baltimore, Give Street and Number.} 1805 Bank St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16th 1908

AGE: — years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Clarence L Seward

BIRTHPLACE OF FATHER (State or country): Cambridge Md.

MAIDEN NAME OF MOTHER: Anna Beglarska

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Seward

(Address) 1805 Bank St.

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 28 1908 that I last saw h— alive on Aug 24 1908, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute gastritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Ventura M.D.

Address 16 s Broadway

Date Aug 28 1908

Place of Burial Holy Rosary. Cem

Date July 30 " 1908

Undertaker Lilly and Zeiler

Address 403 S Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C15224 Registered No. B C15224

10b

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 Thompson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles R. Hill

{Residence, if in Baltimore, Give Street and Number.} 1119 Thompson St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Markham Hill

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margret Hill

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Markham Hill

(Address) 1119 Thansendt

Filed 8/29 190 8

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Carmichael M.D.

Address Coroners Office

Date Aug 28-08 190

Place of Burial Mt Zion

Date August-30- 190 8

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

# CERTIFICATE OF DEATH.

Registered No. B C15225

City of Baltimore, (No. 2865 Prospect St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Irene Dutrow

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 25 1903 (Month) (Day) (Year)

AGE 4 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER David Henry Dutrow

BIRTHPLACE OF FATHER (State or country) Carroll Co Md.

MAIDEN NAME OF MOTHER Haynie

BIRTHPLACE OF MOTHER (State or country) Carroll Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David H Dutrow.

(Address) 2865 Prospect-

Filed 8/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Aug 28 1908

that I last saw her alive on " " 1908, 12:15

and that death occurred, on the date stated above, at 12:15 P.M. The CAUSE OF DEATH was as follows:

Convulsions

7 a.m. 27th to 12:15 P.M. 28th (DURATION) 1 1/2 DAYS

Contributory Cerebral Hyperemia (DURATION) DAYS

(Signed) Chas S Parker M.D.

8-28 1908 (Address) 3111 W Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudenslake | DATE OF BURIAL Aug 30 1908

UNDERTAKER Wm Cook | ADDRESS 502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C15226 Registered No. B C15226

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jon Geazute. (Jos. Geazute)

{ Residence, if in Baltimore, Give Street and Number. } 1220 Jackson St., Balto., Md.

Duration of Residence in Baltimore. 3 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 60 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Ike Abrazuter

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Abrazuter

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Abrazuter

(Address) 1220 Jackson St

Filed 8/30 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29th 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1908 to Aug 29th 1908 that I last saw h im alive on Aug 29th 1908, and that death occurred, on the date stated above, at 2.12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia —

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of esophagus (DURATION) 5 months

(Signed) Harry L. Howes, M.D.

Address Union Protestant Infirmary

Date August 29th 1908

Place of Burial Hebrew Hering Ben

Date Aug. 30, 1908

Undertaker Max Lainman

Address 620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C15227 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 308 Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Tutt

{Residence, if in Baltimore, Give Street and Number.} 308 Rose St

Duration of Residence in Baltimore. Nine (9) years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —— 1

AGE 22 — — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Tutt

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Bettie Tutt

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. H Tutt

(Address) 365 Preston St

Filed 8/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29. 1908

I HEREBY CERTIFY, That I attended deceased, from Aug 29 1908 to Aug 29 1908 that I last saw h sm alive on Aug. 29 1908, and that death occurred, on the date stated above, at 330 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis.

(DURATION) 90 DAYS

(Signed) W a Wemlay M.D.

Address 1421 W Fayette St.

Date Aug 29 1908

Place of Burial Laurel

Date Aug 30 — 1908

Undertaker Robert A Pellett

Address 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15228 Registered No. B ..... C15228

# CERTIFICATE OF DEATH.

114

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Tucker.

{ Residence, if in Baltimore, Give Street and Number. } 3008 McCabe St.

Duration of Residence in Baltimore. 25 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: October 12th 1859

AGE: 49 years, 10 months, ..... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Talbot Co.

FULL NAME OF FATHER: David Tucker

BIRTHPLACE OF FATHER (State or country): Talbot Co.

MAIDEN NAME OF MOTHER: Luzinda Moore

BIRTHPLACE OF MOTHER (State or country): Talbot Co

OCCUPATION OF DECEASED: Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Tucker

(Address) 310 E Hamburg St

Filed 8/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 28 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to Aug. 28 1908 that I last saw h in alive on Aug. 27 1908, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary) Abscess of Liver.

(DURATION) ..... DAYS

(Signed) Wm. J. Schmitz M.D.

Address City Hospital

Date Aug 28 1908.

Place of Burial Cedar Hill

Date Aug 30th 1908

Undertaker Jos. Stuntebeck

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 0 C15229 Registered No. B C15229

C15229

1

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Curtain

{Residence, if in Baltimore, Give Street and Number.} 2009 E. Biddle St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1889

AGE 19 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Michael J. Curtain

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bridget Martin

BIRTHPLACE OF MOTHER (State or country) Chicago. Ill.

OCCUPATION OF DECEASED - Driver -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Curtain

(Address) 2009 E. Biddle St.

Filed 8/30 1908. HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to 28 1908 that I last saw him alive on Aug 28 1908, and that death occurred, on the date stated above, at 1-40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

(DURATION) 23 DAYS

Contributory (Primary.) Pneumonia

(DURATION) — DAYS

(Signed) Elmer Gill Hall M.D.

Address St. Josephs German Hospital

Date Aug 28 1908

Place of Burial St. Peters Cemetery

Date Aug 31st 1908

Undertaker Geo. W. Risdenmer

Address 515 S. Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15230 Registered No. B15230

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1338 Cleveland St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rose C Chisley

{Residence, if in Baltimore, Give Street and Number.} 1338 Cleveland St

Duration of Residence in Baltimore. 19 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Colk

DATE OF BIRTH Feb 22 1885

AGE 23 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto C

FULL NAME OF FATHER Thos Chisley

BIRTHPLACE OF FATHER (State or country) A.A. Co

MAIDEN NAME OF MOTHER Mary Thomas

BIRTHPLACE OF MOTHER (State or country) Anne Co

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Chisley

(Address) 1338 Cleveland.

Filed 8/30 1908 HARRY J. ANDREE Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Aug 26 1908

that I last saw h.. alive on Aug 26 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

8 mos (DURATION) D

Contributory (Primary.) Asthma

2 mos (DURATION) D

(Signed) V L Norwood M

Address 939 N Fay Ave

Date Aug 29 1908

Place of Burial Mt Zion Cemetery

Date August 30 1908

Undertaker Geo H Hosfeld

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15231 Registered No. B C15231

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia W. Carter

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 22, 1835

AGE: 73 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Clement Carter

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Eliza Tittle

BIRTHPLACE OF MOTHER (State or country): Fredk. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Carter

(Address) 803 W. Calvert St.

Filed 8/30 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1908 to Aug. 28 1908

that I last saw her alive on Aug. 27 1908,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Dysentery

(DURATION) 1 DAYS

(Signed) Wm. J. Smith M.D.

Address City Hosp.

Date Aug. 28 1908

Place of Burial Greenmount Cemetery

Date August 30, 1908

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C15232

Registered No. B C15232

# CERTIFICATE OF DEATH.

(Place of Death.) No. 571 Moore St. 27

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Taylor

{Residence, if in Baltimore, Give Street and Number.} 571 Moore St.

Duration of Residence in Baltimore. 20 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: Unknown 1

AGE: 42 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Do

MAIDEN NAME OF MOTHER: Do

BIRTHPLACE OF MOTHER (State or country): Do

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/30 1908

HARRY C. [illegible] Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Ex haustion

Contributory (Primary.) Tuberculosis (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Dean Baldwin (Coroner) M.D.

Address 700 N. Lafayette Ave.

Date Aug. 30 1908.

Place of Burial White Rock Va

Date Aug 31 1908

Undertaker J. J. Thrush Co

Address 607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15233 Registered No. B C15233

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2811 O'Donnel St

Full Name Ruben Klein St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{Residence, if in Baltimore, Give Street and Number.} 2811 Odonnel St.

Duration of Residence in Baltimore 22 yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 30 1850

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraac Klein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Leah.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Klein

(Address) 2811 O'donnell st.

Filed 8/30 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Aug 29 1908

that I last saw h.. m alive on Aug 29 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of Heart & Respiration

(DURATION) 5 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 3 yrs DAYS

(Signed) Lee Harbinson M.D.

Address 1114 E. Chesapeake St

Date Aug 30 1908

Place of Burial Hebrew Cemetery, Baltimore Co.

Date Aug 31 1908

Undertaker H. C. Grimes - Carroll

Address 1327 Mulliken st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C15234

C15234

# CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Center St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph F Hastry

{ Residence, if in Baltimore, Give Street and Number. } 106 Center St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1

AGE 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Stephen Hastry

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Mail Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Hastry

(Address) 10 E Center St

Filed 8/30 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29 1908

I HEREBY CERTIFY, That I attended deceased from August 24 1908 to August 29 1908

that I last saw h in alive on August 28 1908,

and that death occurred, on the date stated above, at 3.05 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) N. C. Knapp, M.D.

Address 1714 E. Preston St.

Date August 29. 1908

Place of Burial Druid Ridge

Date Aug 31/08 190

Undertaker Wm Cook

Address 1026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C15235 Registered No. B C15235

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice E Parrish

{ Residence, if in Baltimore, Give Street and Number. } 1622 N Dallas St

Duration of Residence in Baltimore. Lifetime.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | — |
| AGE | 43 years, months, days |
| SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ | Married |
| BIRTHPLACE (State or country) | Balto City |
| FULL NAME OF FATHER | John Bradley |
| BIRTHPLACE OF FATHER (State or country) | Balto City |
| MAIDEN NAME OF MOTHER | Kate Reed |
| BIRTHPLACE OF MOTHER (State or country) | Balto City |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Lee Parrish

(Address) 1622 N Dallas St

Filed 8/30 1908 HARRY C. ANDREW. PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to Aug 29 1908 that I last saw her alive on Aug 29 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion following Chronic Affundicitis

(DURATION) DAYS

Contributory (Primary.) Chronic Affundicitis

Meningitis (DURATION) DAYS

(Signed) R. P. Carman M.D.

Address 1701 N Carrollton Ave

Date Aug 30 1908

Place of Burial Baltimore Cemetery

Date September 1st 1908

Undertaker Wm Cook & Sons

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C15236

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. 109 S Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia E. Rockem

{ Residence, if in Baltimore, Give Street and Number. } 109 S Payson St (Carlton)

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 33 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Stoll

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Elizabeth Doak

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stoll.

(Address) 109 S Payson St.

Filed 8/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 28 1908

that I last saw h.. alive on Aug 28 1908,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary) Interstitial Nephritis

(DURATION) ..... DAYS

(Signed) Walter Abel M.D.

Address 1145 Fulton Ave

Date Aug 29 1908

Place of Burial Loudon Park Cemetery

Date AUG 31 1908 190

Undertaker George A Derby

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C15237 Registered No. B 15237 45

# CERTIFICATE OF DEATH.

(Place of Death.) No. 407 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Cooper

{Residence, if in Baltimore, Give Street and Number.} 407 Aisquith ST

Duration of Residence in Baltimore. 1½ years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 30 1908

AGE: 61 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Cooper

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Nachemowitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Brook

(Address) 1208 E Lexington ST

Filed Aug 30 " 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Aug 30 1908 that I last saw h— alive on Aug 30 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(Bases of Thigh) Comp. F.

(DURATION) 1 DAYS

Contributory (Primary) Cancer

2 years (DURATION) DAYS

(Signed) M. Kinsella M.D.

Address 846 E Pratt ST

Date Aug 30 1908

Place of Burial Holmes Boardale Cemetery

Date Aug. 31, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C15238 Registered No. B

15

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 Bolton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ruy

{ Residence, if in Baltimore, Give Street and Number. } 1141 Bolton St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Friday Aug 28th 1908

AGE ..... years, ..... months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno. M. Ruy

BIRTHPLACE OF FATHER (State or country) N. Carolina

MAIDEN NAME OF MOTHER Sarah M. Smyth

BIRTHPLACE OF MOTHER (State or country) N. Carolina

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. M. Ruy

(Address) 1141 Bolton St.

Filed 8/30" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Aug 30th 1908

I HEREBY CERTIFY, That I attended deceased from Friday Aug 28th 1908 to Aug 30th 1908 that I last saw h[illegible] alive on Aug 29th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 1/2 DAYS

Contributory (Primary.) Premature Birth (6 1/2 Mos) due to trauma. (DURATION) 1/2 DAYS

(Signed) A. Bressler M.D.

Address 607 N. Charles St.

Date 1908

Place of Burial Mt Auburn Cemetery

Date Aug 31 1908

Undertaker Felix B. Pyle

Address 102 E Montbury St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C15239 Registered No. B .....

# CERTIFICATE OF DEATH.

199

(Place of Death.) No. 1414 Brookes Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William McCarthy

{ Residence, if in Baltimore, Give Street and Number. } 1414 Brookes Court

Duration of Residence in Baltimore. 8 Months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male- COLOR: White

DATE OF BIRTH: December 1907

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md-

FULL NAME OF FATHER: John McCarthy

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ruby Davis

BIRTHPLACE OF MOTHER (State or country): Essex County Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John McCarthy

(Address) 1414 Brooks Court

Filed 8/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Aug 29 1908 that I last saw him alive on Aug 28 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 N. Lafayette Ave

Date April - 29th 1908

Place of Burial St. Peters

Date Aug - 31st 1908

Undertaker Wm. H. Gaulbert

Address North & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

N-1

Registered No. B C15240

City of Baltimore, (No. 34 S. High St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rubin Kroun (Rubin Kroun) (KROUN)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH (Month) (Day) (Year) | August 8 1908 |
| AGE | — years, — months, 22 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Wolf Kroun |
| BIRTHPLACE OF FATHER (State or country) | Russia |
| MAIDEN NAME OF MOTHER | Rose Augustin |
| BIRTHPLACE OF MOTHER (State or country) | Russia |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 118 Albemarle St

Filed 8/31 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH August 30 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to August 30 1908 that I last saw h in alive on Aug 30 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 22 DAYS

Contributory

(DURATION) DAYS

(Signed) M. Hirschman M. D.

Aug 30 1908 (Address) 900 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Helma Boardale

DATE OF BURIAL Aug. 31 1908

UNDERTAKER Mary Lennon

ADDRESS 1620 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C15241 Registered No. B C15241

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Jackson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH July 31 1908

AGE ..... years, ..... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeth Home.

Filed 8/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Aug 28 1908 that I last saw him alive on Aug. 28 1908, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 8 DAYS

Contributory (Primary.) Marasmus

(DURATION) 21 DAYS

(Signed) A. Gilchrist M.D.

Address 1519 N. Carolina St.

Date Aug. 30. 1908

Place of Burial Cathedral Cemetery

Date Aug. 31. 1908

Undertaker Felix B. Pyze

Address 102. E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — C15242 — Registered No. B C15242

# CERTIFICATE OF DEATH.

15

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Clara Pugh

{Residence, if in Baltimore, Give Street and Number.} St Elizabeths Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Aug. 1 1908

AGE: ..... years, ..... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home,

Filed 8/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 30, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 11 1908 to Aug. 28 1908 that I last saw h[illegible] alive on Aug. 28 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 25 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St.

Date Aug. 31, 1908

Place of Burial Cathedral Cemetery

Date Aug. 31, 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

# CERTIFICATE OF DEATH.

C15243

Registered No. B.....

City of Baltimore, (No. 705 Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Yingling

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX: Female — COLOR: White | DATE OF DEATH: August (Month) 29th (Day) 1908 (Year) |
| DATE OF BIRTH: — (Month) — (Day) 1 — (Year) | I HEREBY CERTIFY, That I attended deceased from Aug. 29th 1908 to Same date 1908 |
| AGE: 48 years, — months, — days | that I last saw her alive on Aug 29th 1908, |
| ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ | and that death occurred, on the date stated above, at 2.50 P. M. The CAUSE OF DEATH was as follows: |
| BIRTHPLACE (State or country): Baltimore City | I Was Comatose & unconscious when I first saw her about 10.45 A.M. Same condition at 2nd visit 1.30 P.M. Was in fact moribund at time of 1st visit. Her condition indicated Cerebral hemorrhage. (DURATION) DAYS |
| FULL NAME OF FATHER: James Laughlin | Contributory ..... (DURATION) ..... DAYS |
| BIRTHPLACE OF FATHER (State or country): Ireland | (Signed) Jno. G. Lay. M. D. |
| MAIDEN NAME OF MOTHER: Mary Gibb | Aug 31st 1908 (Address) 869 Park Ave. |
| BIRTHPLACE OF MOTHER (State or country): Ireland | SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. |
| OCCUPATION OF DECEASED: — | Former or Usual Residence ..... How long at Place of Death? ..... Days |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) Dr J. Yingling (Address) 705 Dolphin St | Where was disease contracted, if not at place of death? |
| Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar | PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 31 1908 |
| | UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — C15244 — Registered No. B C15244

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 13 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Stichel

{Residence, if in Baltimore, Give Street and Number.} 13 W. Montgomery st

Duration of Residence in Baltimore. 38 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | white |
| DATE OF BIRTH | May 7 1852 |
| AGE | 56 years, 3 months, 23 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Kleinhenn. |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | Dont know |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Housework |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William K. Stichel

(Address) 13 W. Montgomery.

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Aug 29 1908

that I last saw h[illegible] alive on Aug 27 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia —

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date Aug 30 — 1908

Place of Burial London Park

Date Sept 1 1908

Undertaker F.A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward C 15245 Registered No. C C15245

# CERTIFICATE OF DEATH.

56

(Place of Death.) No. 700 Rabong St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph a O'Connor.

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 22nd 1875

AGE: 32 years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: John J. OConnor.

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Ellen Boond.

BIRTHPLACE OF MOTHER (State or county): Ireland.

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. OConnor.

(Address) 721 N. Eutaw St.

Filed 8/31 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 30th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29th 1908 to Aug 30th 1908

that I last saw him alive on Aug 29th 1908

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Gastritis

(DURATION) 4 DAYS

Contributory (Primary) Acute Alcoholism.

(DURATION) — DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Aug 30th 1908

Place of Burial St. Peters Cemetery

Date August 31 1908

Undertaker M Doyle & Son.

Address 17 E. Lee St.

Remarks

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 15246 Registered No. C [illegible]

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1026 Stirling St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Rosie Bilz

Residence, Give Street and Number, 1026 Stirling St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 25 1908

AGE: ..... years, ..... months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Conrad Bilz

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Catherine Hohenberger

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Conrad Bilz

(Address) 1026 Stirling St.

Filed 8/31 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug. 30. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 25. 1908 to Aug. 30. 1908

that I last saw her alive on Aug. 30. 1908

and that death occurred, on the date stated above, at 5 45 P. M.

CAUSE OF DEATH (Secondary or Immediate, Antecedent and Primary or Contributory)

Internal Spasms

(DURATION) 12 hrs

Contributory (Primary) Congenital Debility

(DURATION) 6 Days

(Signed) F. J. Sebald M. D.

Address 1001 Aisquith St.

Date Aug. 31st. 1908

Place of Burial Holy Redeemer Cemetery

Date Aug 31 1908

Undertaker Henry Heck & Son

Address 1301 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

# CERTIFICATE OF DEATH.

Registered No. B 015247

City of Baltimore, (No. 641 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Bedford Wheatley.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug (Month) 25 (Day) 1862 (Year)

AGE: 46 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicolas C. Wheatley

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Hannah Greenwood

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos A. Wheatley Jr.

(Address) 815 N. Carey St.

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 29. (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug. 29. 1908.

that I last saw her alive on Aug. 29 1908,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 Years

Contributory Exhaustion

(DURATION) DAYS

(Signed) Alfred Vanstale, M. D.

Aug. 30 1908 (Address) 921 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence | How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cemy. — | DATE OF BURIAL: Aug. 31 1908

UNDERTAKER: E. M. Mitchell | ADDRESS: 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C15248

Registered No. B C15248

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 35 Frederick Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Viola A. Kolowski

{Residence, if in Baltimore, Give Street and Number.} 35 Frederick Road

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10th 1908

AGE: — years, 2 months, 21 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fredrick Kolowski

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Emma Gallian

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Kolowski

(Address) 35 Frederick Ave East

Filed 8/31 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Aug 30 1908 that I last saw h alive on Aug 29 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Inf

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Condon M.D.

Address 1403 W Fayette St

Date Aug 30 1908

Place of Burial Western Cemetery

Date August 31st 1908

Undertaker F. B. Kuppuert

Address 1 Frederick Ave East

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C15249 Registered No. B C15249

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1547 Newington Place St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Bridget O'Leary

{Residence, if in Baltimore, Give Street and Number.} 1547 Newington Place

Duration of Residence in Baltimore. 15 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER James Manson.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James O Leary

(Address) 1547 Newington Place

Filed 8/31 1908 JAMES C. ANDREWS, CITY CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Aug 29 1908

that I last saw her alive on Aug 29 1908,

and that death occurred, on the date stated above, at 2-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H C Houck M.D.

Address 1914 Fa. Ave

Date Aug 29 08 1908

Place of Burial St Peters

Date Sept 2nd 1908

Undertaker John J Cowan

Address 901 Collins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15250 Registered No. B C15250

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 206 Carroll St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Elizabeth Buchman

{ Residence, if in Baltimore, Give Street and Number. } Evergreen, Balt. Co.

Duration of Residence in Baltimore. 1 month

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 24th 1908

AGE ..... years, 5 months, 6 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt Co. Md

FULL NAME OF FATHER Wm. D. Buchman

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md

MAIDEN NAME OF MOTHER Elizabeth W. Williams

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Harriet Williams

(Address) 206 Carroll St.

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1908 to Aug 30th 1908 that I last saw her alive on Aug 29th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 23 DAYS

Contributory (Primary.) Entero-colitis

(DURATION) 54 DAYS

(Signed) Geo. T. Shower M.D.

Address 431 Roland Ave.

Date Aug 30th 1908

Place of Burial St. Marys. Hampden

Date August 31 1908

Undertaker Wm. E. Chenoweth & Son

Address 919- 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 15251

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 319 Roland ave Home Eden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna. P. Moore

Residence, Give Street and Number, 319 Roland Ave

Duration of Residence in Baltimore, 16 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH Sept 17 th 1869

AGE 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Andrew. Jackson

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Martha. A. Grinstad.

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest. Moore.

(Address) 319 Roland Ave

Filed 8/31 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 15. 1908 to Aug 31 1908

that I last saw her alive on Aug 30. 1908

and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

Exhaustion

(DURATION) 1½ 7 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) H N Fries M. D.

Address 12 E 25th

Date Aug 31. 1908

Place of Burial Loudon Park

Date Sept. 1 1908

Undertaker Wm. E. Schnoverstock

Address 919 3rd Ave Hampden

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C15252 Registered No. B C15252

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Riel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry L. Porter

{Residence, if in Baltimore, Give Street and Number.} 1512 Riel St C15252

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulato

DATE OF BIRTH: Sept 5 1903

AGE: 13 years, 11 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harison L Porter

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosie V Brooks

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie V Brooks

(Address) 1512 Riel st

Filed 8/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Aug 29 1908 that I last saw him alive on Aug 29 1908, and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 7. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. W. Hagell M.D.

Address 124 N. Fulton ave

Date Aug 30. 1908

Place of Burial Mt Auburn

Date Aug 31 1908

Undertaker Wilbur W Shriver

Address 316 N Fremont ave

11 A M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C15253 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2302 Etting St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie F Galloway

{ Residence, if in Baltimore, Give Street and Number. } 2302 Etting St

C15253

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ~~3~~ 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: — — —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Galloway

(Address) 2302 Etting St

Filed 8/31 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Aug 30 1908

that I last saw h[illegible] alive on Aug 30 1908

and that death occurred, on the date stated above, at 1145 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) J A Melvin M.D.

Address 1303 W Lorth ave

Date Aug 30 1908

Place of Burial Mt Auburn Cmt

Date Sept 1st 1908

Undertaker Alex Hensley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C15254

Ward 1

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 217 S. Mount St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Gillen (Gillan)

Residence, Give Street and Number, 217 S. Mount St

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1873

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Thomas Gillen

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Corcannon.

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Seamstress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Gillen

(Address) 217 S. Mount St

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 29, 1908

I HEREBY CERTIFY, That I attended deceased from July 13, 1908 to Aug 29 1908

that I last saw her alive on Aug 28 1908

and that death occurred, on the date stated above, at 1.45 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Syncope.

(DURATION) 1 DAYS

Contributory (Primary) Tuberculosis Pulmonalis (DURATION) 180 DAYS

(Signed) M. A. O'Neill M. D.

Address 108 N. Fulton Ave

Date August 29 1908

Place of Burial Cathedral Cem

Date Sep 2 1908

Undertaker Jos. B. Cook

Address 1003 W. Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15255

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 19 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hammond A Duvall

{ Residence, if in Baltimore, Give Street and Number. } 19 N Stricker

Duration of Residence in Baltimore. Life C15255

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | wh |
| DATE OF BIRTH | Nov 8 1907 |
| AGE | ——— years, 9 months, 21 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Edward M Duvall |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Abia V Dorsey |
| BIRTHPLACE OF MOTHER (State or country) | Balto |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw M Duvall

(Address) 19 N Stricker

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 29 1908 that I last saw him alive on Aug 28 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington

Date Aug 29 1908

Place of Burial Green Mount Cem

Date Aug 30. 1908

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15256 Registered No. B 99

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1045 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name August C Plitt

{Residence, if in Baltimore, Give Street and Number.} 1045 Hanover St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 16 1870

AGE 37 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Louis Plitt

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Doulin

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L Plitt

(Address) 1045 Hanover St

Filed 8/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Aug 30 1908 that I last saw him alive on Aug 30 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. Hammon Leach M.D.

Address 830 Lytle St

Date Aug 31 1908

Place of Burial London Park 2nd

Date ~~Aug 31 1908~~ Sept 2 1908

Undertaker Chas F Wasmuth

Address 1608 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15257 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 13 S. Payson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Barbara C. Priesterjohn

{Residence, if in Baltimore, Give Street and Number.} 13 S. Payson st.

Duration of Residence in Baltimore. 50 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Oct. 7 1835

AGE: 73 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Snyder.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. W. F. Ringgold

(Address) 13 S. Payson St

Filed 8/31 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th. 1908

I HEREBY CERTIFY, That I attended deceased from Feby 11th 1908 to Aug 30th 1908 that I last saw her alive on Aug 29th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) 2 DAYS

(Signed) E. A. Knorr M.D.

Address 1727 E. Lombard st

Date Aug 30th 1908

Place of Burial Loudon Park.

Date Sept 1. 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15258

Ward 24 C15258 Registered No. C

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1540 Burroughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Matzer

Residence, Give Street and Number, 1540 Burroughs St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH August 30. 1908

AGE ..... years, ..... months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Nicholas Matzer

BIRTHPLACE OF FATHER (State or county) Hungary.

MAIDEN NAME OF MOTHER Martha Baltzmann

BIRTHPLACE OF MOTHER (State or county) Hungary

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Matzer mother

(Address) 1540 Burroughs St.

Filed 8/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 31 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12.01 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Atrial Insufficiency 1'

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) E. W. Eichard M. D.

Address Coroner

Date August 31 1908

Place of Burial Holy Cross 9 9 C

Date Aug 31st 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15259 Registered No. B C15259

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2617 W. Charles St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Richard Wett Ashley

{ Residence, if in Baltimore, Give Street and Number. } 2617 W. Charles St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 14, 1908

AGE ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Edward Lee Ashley

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Mable C. Almony

BIRTHPLACE OF MOTHER (State or country) Balto, Co, Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Lee Ashley

(Address) 2617 north Charles St.

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30th 1908.

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Aug. 30 1908 that I last saw h[illegible] alive on Aug 30 1908; and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 3, hrs

Contributory (Primary.) Marasmus (DURATION) 10 Weeks

(Signed) Chas Garnett M.D.

Address 1327 Park Ave.

Date Aug. 30th 1908

Place of Burial Greenmount Cemetary

Date August 31 1908

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C15260 Registered No. B C15260

# CERTIFICATE OF DEATH. 1

(Place of Death.) No. 200 ℄ Wilkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Edward Vanfossen

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1886

AGE 22 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas T Vanfossen

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary McKeldin

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas T. Vanfossen

(Address) 200 ℄ Wilkins ave

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 29 1908

that I last saw h— alive on Aug 28 1908

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

(DURATION) 1- DAYS

Con'ributory (Primary,) Typhoid Fever

(DURATION) 8 DAYS

(Signed) Wm A Cof M.D.

Address 54 S. Fulton Ave

Date Aug 29. 1908

Place of Burial Mt Olivet Cem

Date Aug 31 1908

Undertaker W. Tuckwiller & Son

Address Church Lane

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15261 Registered No. B ..... C15261

# CERTIFICATE OF DEATH.

14

(Place of Death.) No. 807 W. Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen S. Chew

{ Residence, if in Baltimore, Give Street and Number. } 957 Milton Place

Duration of Residence in Baltimore. .....

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR White |
| DATE OF BIRTH | Aug 2 1842 |
| AGE | 66 years, 0 months, 27 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | City. |
| FULL NAME OF FATHER | Wm H Hanson |
| BIRTHPLACE OF FATHER (State or country) | City |
| MAIDEN NAME OF MOTHER | Barbara S. Hooper |
| BIRTHPLACE OF MOTHER (State or country) | City |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Con Ballard

(Address) 807 W Franklin St

Filed 8/31 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 29, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1908 to Aug. 29, 1908 that I last saw her alive on Aug 28, 1908 and that death occurred, on the date stated above, at 6a.m. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 8 DAYS

Contributory (Primary)

Locomotor ataxia (DURATION) many yrs

(Signed) John Hood, M.D.

Address 630 N. Gilmor St.

Date August 31, 1908

Place of Burial Baltimore Cem

Date Sept 1, 1908

Undertaker W. P. Tushner & Son

Address Edmondson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15262 Registered No. B C15262

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dziwierski

{Residence, if in Baltimore, Give Street and Number.} 1621 Canton Ave

C15262

Duration of Residence in Baltimore.....

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: — 1 | |
| AGE: 25 years, ..... months, ..... days | |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single | |
| BIRTHPLACE (State or country): Russia | |
| FULL NAME OF FATHER: Unknown | |
| BIRTHPLACE OF FATHER (State or country): " | |
| MAIDEN NAME OF MOTHER: " | |
| BIRTHPLACE OF MOTHER (State or country): " | |
| OCCUPATION OF DECEASED: Laborer | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Jos. Hospital Record

(Address) St. Jos. Hospital

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Aug 30 1908 that I last saw him alive on Aug 30 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis - Respiratory failure

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis pneumonia (DURATION) ..... DAYS

(Signed) W. Cole Davis M.D.

Address St. Josephs German Hosp.

Date Aug 31, 1908

Place of Burial Sacred Heart

Date Aug 31 1908

Undertaker Chas F. Evans

Address 118 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15263 Registered No. B C15263

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1105. S. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara S. Uttenreither

{Residence, if in Baltimore, Give Street and Number.} 1105 S Carey.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 18 1908

AGE: — years, 6 months, 12 days

SINGLE, ~~MARRIED~~ ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jos. Uttenreither

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary. King

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Uttenreither

(Address)

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 W. La Fayette ave

Date Aug 31 Coroner 1908

Place of Burial Mt. Carmel Cem.

Date Aug. 31 1908

Undertaker Ph. J. Doll & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15264 Registered No. B

# CERTIFICATE OF DEATH.

41

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Mahaney

{Residence, if in Baltimore, Give Street and Number.} 627 S. Broadway

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Skowronski

(Address) 1703 Alice ann St

Filed 8/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Aug 31 1908

that I last saw h... alive on Aug 31 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of rectum.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. D. McClure M.D.

Address Johns Hopkins Hospital

Date Aug 31 1908

Place of Burial Holy Rosary

Date Sept 1 1908

Undertaker Joseph Skowronski

Address 1703 Alice ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15265 Registered No. B ..... C15265

# CERTIFICATE OF DEATH.

(Place of Death.) No. 422 - 22½ St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Awkward

{Residence, if in Baltimore, Give Street and Number.} 422 - 22½ St

Duration of Residence in Baltimore. Life-time.

C15265

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Awkward.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriett Awkward.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Awkward

(Address) 422 - 22½ St

Filed 8/31/1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to Aug 29 1908

that I last saw h— alive on Aug 29 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) R. H. G. Schmidt M.D.

Address 424 - East 23 St.

Date Aug. 30 1908.

Place of Burial Mt Olivet Cemetery

Date Sept 1. 1908

Undertaker R. Berkshire

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1722 Townsend Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Schnieder

Residence, Give Street and Number, 1722 Townsend place

Duration of Residence in Baltimore, Lifetime

C 15266

**PERSONAL AND STATISTICAL PARTICULARS.**

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH May 18 1908

AGE ~~Years, Months, Days~~ years, 3 months, 13 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Frank Schnieder

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Margaret Smallwood

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Schnieder

(Address) 1722 Townsend Pl.

Filed 8/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

**MEDICAL CERTIFICATE OF DEATH.**

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from about Aug 21 1908 to Aug 30 1908

that I last saw him alive on Aug 30 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Riley M. D.

Address 1159 Broadway

Date Aug 31 1908

Place of Burial New Cathedral

Date Sept. 1 1908

Undertaker E J Fanning

Address 1938 E Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D.....

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2314 Eutaw Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jonas Schloss

{ Residence, if in Baltimore, Give Street and Number. } 2314 Eutaw Place

C15267

Duration of Residence in Baltimore. 41 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH May 2 1866

AGE 42 years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Moses Schloss

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hatta Hirschhorn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Schloss

(Address) Balto & Paca Sts

Filed 8/31 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to August 30 1908

that I last saw h.. alive on August 27 1908

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Aortitis dilatation of heart, aortic insufficiency

(DURATION) 1 yr DAYS

Con'tributory (Primary.) Oedema of lungs

(DURATION) 1 DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles St

Date August 31 1908

Place of Burial Balto Hebrew Cem

Date Sept 2 1908

Undertaker Leo D Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15268

# CERTIFICATE OF DEATH.

47

(Place of Death.) No. 831 E. Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine McKennan

Residence, Give Street and Number, 831 E. Eager St

Duration of Residence in Baltimore, 40 years C15268

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH .....1.....

AGE 63 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER John Farley

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Margt. Farley

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Hown Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 831 E. Eager St

Filed 8/31 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Aug 29 1908

that I last saw her alive on Aug 29 1908

and that death occurred, on the date stated above, at 3:20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma Uteri

Interjuite (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) Howard E Wooden, M. D.

Address 1311 E Preston St.

Date August 30 1908

Place of Burial Cathedral

Date Sept 1 1908

Undertaker H. C. Whitefield

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B C15269

City of Baltimore, (No. 1835, East Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roy Chesser

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 5 (Day) 1906 (Year)

AGE: ____ years, 5 months, 25 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): 1835 E Fayette.

FULL NAME OF FATHER: Morton Chesser

BIRTHPLACE OF FATHER (State or country): Crisfield Md.

MAIDEN NAME OF MOTHER: Nancy Ewell

BIRTHPLACE OF MOTHER (State or country): Crisfield Md.

OCCUPATION OF DECEASED: ~~Child~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chesser

(Address) 1835 E Fayette St

Filed 8/31 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Aug 29 1908 that I last saw h-im alive on Aug 29 1908, and that death occurred, on the date stated above, at 11:00 A. M. The CAUSE OF DEATH was as follows:

Gastro enteritis - Exhaustion

(DURATION) 5 or 6 DAYS

Contributory Pneumonia

(DURATION) 6 or 7 weeks DAYS

(Signed) Richmond Murphy M. D.

1908 (Address)

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 1st 1908

UNDERTAKER: Henry Lutz

ADDRESS: 1007 Bond st

WM. J. C. DULANY CO., BALTIMORE.

C15270 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pinkney Tyler

{ Residence, if in Baltimore, Give Street and Number. } Baltimore Harbor Co, Md.

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 34 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to Aug 26 1908

that I last saw h in alive on Aug. 20 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary) Typhoid fever.

Tuberculosis Intestinal (DURATION) ? DAYS

(Signed) Wm. Deknth M.D.

Address City Hospital

Date Aug. 26 - 08 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 31 1908 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B .....

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Forrest Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cristo Teixidacca

{Residence, if in Baltimore, Give Street and Number.} 247 N. Front st

C15271

Duration of Residence in Baltimore. Unknown.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: Unknown 1

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Greece

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/31 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1908.

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage
accidental, struck
by derrick, work on new
reservoir

.....(DURATION).....DAYS

Con'ributory (Primary.) accident, killed
instantly .....(DURATION).....DAYS

(Signed) Silas Bastian, Coroner M.D.

Address 706 N. Lafayette Ave.

Date Aug. 30 1908.

JOHNS HOPKINS HOSPITAL.

Place of Burial .....

Date AUG 31 1908 190....

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Morgue

167

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Not Known

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore. Not Known

C 15272

## PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known

BIRTHPLACE (State or country) Not Known

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/31 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10 190 8

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2½

A. M. CAUSE OF DEATH (Secondary or immediate

Bright's Disease

(DURATION) DA

Contributory (Primary.)

(DURATION) DA

(Signed) M.

Address

Date Aug. 30 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 31 1908 190

Undertaker Commissioner Health,

Address per Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C15273

45

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 42 S. Fulton Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matthew Healy

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Oct 9 1827 (Month) (Day) (Year) |
| AGE | 80 years, 10 months, 20 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Martin Healy |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Margaret Carrid |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Butcher (Retired) |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James O. Healy

(Address) 42 S. Fulton Ave

Filed 8/31 "08

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st 1908 to Aug. 29th 1908 that I last saw him alive on Aug 29th 1908, and that death occurred, on the date stated above, at 8-30 a.m. The CAUSE OF DEATH was as follows:

Tumor of prostate gland.
Haemorrhage from bladder
Heart failure (DURATION) 1 DAYS

Contributory Exhaustion
(DURATION) DAYS

(Signed) W. J. Nicholas M. D.

Aug 30 1908 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | 9/1 1908 |
| UNDERTAKER | ADDRESS |
| Crowley Bros | 25 N. Fulton Ave |

WM. J. C. DULANY CO., BALTIMORE

deceased, and the cause and date of death.

Ward 14 C15274 Registered No. B C15274 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 N Lonbard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore A Purnell

{ Residence, if in Baltimore, Give Street and Number. } 1421 N Lonbard St

Duration of Residence in Baltimore. 3 Mos C15274

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 8th 1907

AGE — years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pittsburg Va

FULL NAME OF FATHER Louis Purnell

BIRTHPLACE OF FATHER (State or country) Md,

MAIDEN NAME OF MOTHER Mary Shantzyle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Purnell

(Address) 1421 N Lonbard St

Filed 8/31st 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29th 1908 to Aug 31st 1908

that I last saw him alive on Aug 30 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert Alderstein M.D.

Address 1251 N Fulton Ave

Date Aug 31st 1908

Place of Burial Frostburg Md

Date Aug 31 1908

Undertaker Jos B Cook

Address 1000 N Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

c 15275

Register

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 McDonough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwika Henze

Residence, Give Street and Number, 1104 McDonough St

Duration of Residence in Baltimore, about 40 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: June 16 1848

AGE: 60 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Halpsee

(Address) 1104 McDonough St

Filed 9/1 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 30th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 to Aug 30 1908

that I last saw her alive on Aug 30 1908

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate,) Hemorhage of Brain (Cerebral Hemorhage) and Paralysis

(DURATION) DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) W. J. Simms M. D.

Address 1029 N Wolfe st

Date August 31st 1908

Place of Burial Holy Redeemer

Date Sept. 1st 1908

Undertaker Edw J. Fanning

Address 1938 E. Lafayette Ave.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward .....

C15276

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Lyell McCullough

{Residence, if in Baltimore, Give Street and Number.} 311 S. Spring St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 1 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph McCullough

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Anna Martini

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Martini

(Address) 311 S. Spring St.

Filed 9/1 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carrollton M.D.

Address Corner N and

Date Aug 31—08 190

Place of Burial Mt. Carmel

Date Sept. 1 1908

Undertaker Wunderlich Dippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. 32 Augusta Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Irvington

Full Name Roger Newton Warfield

{ Residence, if in Baltimore, Give Street and Number. } 32 Augusta Ave. Irvington

Duration of Residence in Baltimore. Life

C 152 77

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: Aug. 2nd 1907 | |
| AGE: 1 years, — months, 7 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single | |
| BIRTHPLACE (State or country): Balto. | |
| FULL NAME OF FATHER: Wilbur Warfield | |
| BIRTHPLACE OF FATHER (State or country): Balto. | |
| MAIDEN NAME OF MOTHER: Julia Brayshaw | |
| BIRTHPLACE OF MOTHER (State or country): Howard Co. | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur Warfield

(Address) 32 Augusta Ave.

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1908 to Aug. 31 1908 that I last saw h[illegible] alive on Aug. 31 1908, and that death occurred, on the date stated above, at 1:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis.

(DURATION) 7 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 4 DAYS

(Signed) R. A. Warner M.D.

Address 813 N. Lombard

Date Aug 31 1908

Place of Burial London Park

Date Sep 2 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

C15278 C15278 C15278

# CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N Mount St.

Full Name Catherine D. Rosenwinkel

{ Residence, if in Baltimore, Give Street and Number. } 207 N Mount

Duration of Residence in Baltimore. Life

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Jan 19 1905 |
| AGE | 3 years, 7 months, 12 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Balto md |
| FULL NAME OF FATHER | Gustav Rosenwinkle |
| BIRTHPLACE OF FATHER (State or country) | Balto Md. |
| MAIDEN NAME OF MOTHER | Melvina Streit |
| BIRTHPLACE OF MOTHER (State or country) | Balto Md. |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Rosenwinkle

(Address) 207 N Mount St

Filed 9/1 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Aug 30 1908 that I last saw h[illegible] alive on " 30 1908 and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

Contributory (Primary) Diphtheria (DURATION) 1 DAYS

(Signed) W. S. Smith (DURATION) 3 DAYS

Address 1628 W Lexington M.D.

Date Aug 31 1908

Place of Burial London Park

Date Sep 1 1908

Undertaker Jno B Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ... C15[illegible] Reg[illegible]

C15279

# CERTIFICATE OF DEATH.

156

(Place of Death.) No. 1830 N. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry S. Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 1830 N. Saratoga

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 24 1837

AGE: 71 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Zimmerman

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Mary J Gore

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Pickle Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Zimmerman

(Address) 1838 W Saratoga

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1908

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Inhalation of Gas.

...(DURATION)... DAYS

Contributory (Primary.)

...(DURATION)... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. Le

Date ...190...

Place of Burial Mt Olivet Cem

Date Sept 2 1908

Undertaker Jos B. Cook

Address 1113 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15280

# CERTIFICATE OF DEATH.

8

(Place of Death.) No. 1206 N Wakeat St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Williams

{ Residence, if in Baltimore, Give Street and Number. } 1206 N Wakeat St C15280

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C C

DATE OF BIRTH ..... 1 .....

AGE ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James Williams

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Mamie Kelley

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Williams

(Address) 1206 N Wakeat St

Filed 9/1 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 1 1908

that I last saw h me alive on Aug 31 1908,

and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Thomas Dobson M.D.

Address 1300 N Wakeat St

Date Sept 1 1908

Place of Burial St Peters

Date Sept 2 1908

Undertaker Thomas E Wright

Address 1364 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1611 Latrobe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Welsh

Residence, Give Street and Number, 1611 Latrobe St

Duration of Residence in Baltimore, Life

C 15281

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH April 4 1908

AGE — years, 4 months, 27 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Chas. B. Welsh

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Mary McCaulley

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1611 Latrobe St

Filed 9/1 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Aug 31 1908

that I last saw him alive on Aug 26 1908

and that death occurred, on the date stated above, at 6 A.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Marasmus

(DURATION) DAYS

(Signed) W. C. Hyde M. D.

Address 1024 E North Ave

Date Aug 31 1908

Place of Burial St Mary's Homewood

Date Sept 1 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Granby St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eli Katzen

{Residence, if in Baltimore, Give Street and Number.} 916 Granby St

C15282

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1853

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Hyman Katzen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Behr

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Smith

(Address) 1011 E Lombard St

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1st 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1908 to Sept 1st 1908

that I last saw h[illegible] alive on 11/1st 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of the Heart

(DURATION) 8 hours

Contributory (Primary) Valvular Heart disease (DURATION) DAYS

(Signed) M. M. Savage M.D

Address 1121 E Baltimore St

Date Sept 1st 1908

Place of Burial Phila. R. En Rom Hebrew Cemetery

Date Sept 1 1908

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Eagle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gottlieb Young

{Residence, if in Baltimore, Give Street and Number.} 1805. Eagle St

Duration of Residence in Baltimore. Life

C15283

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 23 1908

AGE ..... years, ..... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Young.

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Shirley

BIRTHPLACE OF MOTHER (State or country) Mary land

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Young

(Address) 1805 Eagle St

Filed 9/1 190 8 HARRY G. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 26 1908 to Aug 31 1908 that I last saw h[illegible] alive on Aug 31 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 2 DAYS

Contributory (Primary.) Congenital Heart trouble. (DURATION) 7hr DAYS

(Signed) Howard Kahn M.D.

Address 327 N Paca St

Date 9/1 1908

Place of Burial Westen

Date Sept 1 1908

Undertaker Geo. B. Cook

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Ward ... (illegible)

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. 257 A Bruce St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Benj Rawlbottom

{ Residence, if in Baltimore, Give Street and Number. } 257 N Bruce St (Rhawlbottom)

Duration of Residence in Baltimore. Life

C15284

## PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR Col

DATE OF BIRTH ... 1 ...

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bassell Rhuebottom

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Rhubotta

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Sales

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie Rhebottom

(Address) 257 N Bruce St

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 29th 1908

that I last saw h[illegible] alive on Aug 28 1908,

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 60 DAYS

Contributory (Primary) Bright's Disease

(DURATION) 30 DAYS

(Signed) Edward L. Mortimer M.D.

Address 1257 Fulton Ave

Date Aug 29th 1908

Place of Burial Mt. Olivet

Date Sept 1 1908

Undertaker R. J. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1817 Covington St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Walter S Ingram.

{Residence, if in Baltimore, Give Street and Number.} 1817 Covington st

Duration of Residence in Baltimore. ~~1907~~ Life C 15285

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 13th 1908

AGE: ..... years, 3½ months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm le Ingram

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Loretta Sanner

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm le Ingram

(Address) 1817 Covington st

Filed 8/1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to Aug 31st 1908 that I last saw him alive on Aug 26 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth. Malnutrition

(DURATION) DAYS

Contributory (Primary.) Spasmus Convulsions

(DURATION) DAYS

(Signed) W. H. Hayden M.D.

Address 1423 Light st

Date Aug 31st 1908

Place of Burial Bodkin Cemetery

Date Sept 2, 1908

Undertaker John J Galeffi & Son

Address 1232 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 ... Reg ... 81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Williams

{Residence, if in Baltimore, Give Street and Number.} 1429 Covington St

Duration of Residence in Baltimore. 6y 9m

C 15286

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 11 1834

AGE 84 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Portsmouth, Eng

FULL NAME OF FATHER do not know

BIRTHPLACE OF FATHER (State or country) do not know

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or country) do not know

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Tully (Daughter)

(Address) 1429 Covington St

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from aug 27 1908 to aug 30 1908 that I last saw him alive on 8. 30 1908, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

Nephritis (DURATION) DAYS

Contributory (Primary) Arteria Sclerosis

(DURATION) DAYS

(Signed) H. Tuttle Town M.D.

Address 1102 E Fort ave

Date aug 31 1908

Place of Burial Holy Cross Cem

Date Sept 2nd 1908

Undertaker John J Fahey & Son

Address 1232 Milliman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF B...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

# CERTIFICATE OF DEATH.

Registered No. B C15287

City of Baltimore, (No. 1729 W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Harnick

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 13th 1844 (Month) (Day) (Year)

AGE: 63 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John A Harnick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josephine B Meyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Wood worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Harnick

(Address) 1729 W Pratt-st

Filed 9/1 190 8

HARRY C. ANDREWS.
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Aug 29 1908.

that I last saw h[illegible] alive on Aug 29 1908,

and that death occurred, on the date stated above, at 7.30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 1/4 hour

Contributory Paralysis.

(DURATION) DAYS

(Signed) D J Sammon M. D.

Aug 30 1908 (Address) 219 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 2nd 1908

UNDERTAKER: A F Philbin — ADDRESS: 1711 and 13

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 13 C15288 Registered No. B C15288

# CERTIFICATE OF DEATH. 79

(Place of Death.) No. 2508 Francis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Albert

{Residence, if in Baltimore, Give Street and Number.} 2508 Francis St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Dec 18 1843

AGE 64 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph C. Albert

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Bolfield

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Johnson

(Address) 2508 Francis St

Filed 9/1 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Aug 29th 1908

that I last saw h-- alive on Aug 27 1908

and that death occurred, on the date stated above, at 10 PM

I. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) Sudden DAYS

Contributory (Primary) Cardiac Dilatation

Nevera (DURATION) 2 Months DAYS

(Signed) Thomas J. Talbot M.D.

Address 1701 Eutaw Place

Date Sept 1st 1908

Place of Burial Greenmount

Date Sept 2d 1908

Undertaker J. E. Hemsley Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17X

Registered No. B C15289

C15289

161

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name LeRoy Courtney

{Residence, if in Baltimore, Give Street and Number.} 638 N. Mulberry St.

Duration of Residence in Baltimore. ?

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Evans

(Address) 118 W. Mt. Royal Ave

Filed 9/1 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture base of skull,

Suicide

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date August 28 1908

Place of Burial Richmond Va

Date Sept. 1, 1908.

Undertaker Chas. L. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 4 — C15290 — Registered No. B C15290

# CERTIFICATE OF DEATH.

(Place of Death.) No. 643 — St. Lombard — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Joseph and Agnes Baby Karminsky

{Residence, if in Baltimore, Give Street and Number.} 643 N Lombard St

Duration of Residence in Baltimore. 2 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH August 29 1908

AGE — years, — months, two days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Karminski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Agnes Karlingy

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Karminski

(Address) 643 N. Lombard St.

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Aug 31 1908 that I last saw him alive on Aug 30 1908, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Bronchio Pneumonia

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug. 30 1908

Place of Burial St. Stanislaus Cem

Date Sept. 1st 1908

Undertaker Geo Leinbach & Son

Address 647 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C15291 Registered No. B C15291

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 44 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie May Hukill

{Residence, if in Baltimore, Give Street and Number.} #4 Albemarle

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Cty

FULL NAME OF FATHER Fredk Phillips

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Hukill

(Address) 44 Albemarle

Filed 9/1 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31st 190 8

I HEREBY CERTIFY, That I attended deceased from June 25 190 8 to Aug. 30 190 8

that I last saw h a alive on Aug. 30 190 8

and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. H. Magness M.D.

Address 176 E Balto St

Date Aug. 31 st 190 8

Place of Burial Mt Olivet Cem

Date Sept 2/08 190

Undertaker Wm Cook.

Address 302 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

*Ward* 17 C15292 *Registered No. B* C15292

# CERTIFICATE OF DEATH.

91

(Place of Death.) *No.* 909 *St.* Argyle ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

*Full Name* Elizabeth Hess

*{Residence, if in Baltimore, Give Street and Number.}* 909 Argyle ave

*Duration of Residence in Baltimore.* 79 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 12 - 26 - 1829

AGE: 79 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltr.

FULL NAME OF FATHER: Steinbach ?

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Hess

(Address) 909 Argyle Ave

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Aug 30 1908

that I last saw h[illegible] alive on Aug 30 1908

and that death occurred, on the date stated above, at 10[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

Old age. Debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin

Date Aug. 30 1908

Place of Burial Loudon Park

Date ~~Aug~~ Sept 2 1908

Undertaker Merwood

Address 902 E. Madison ave.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C15293 Registered No. C 015293

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2831 Valley or Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia Beach

Residence, Give Street and Number, 2831 Valley or

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH [illegible] 1

AGE [illegible] (34) years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Wm Minnick

BIRTHPLACE OF FATHER (State or couuty)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George G Beach

(Address) 2831 Valley or

Filed 9/1 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 31 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to August 30 1908

that I last saw her alive on August 30 1908

and that death occurred, on the date stated above, at 1.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis

Eight months (DURATION) DAYS

Contributory (Primary) Bronchitis

(DURATION) DAYS

(Signed) Thos A. Milliman M. D.

Address No 2449 York Road

Date August 31 1908

Place of Burial Greenmount

Date Sept 2/08 1908

Undertaker Wm Cook

Address 502 E Wartman

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C15294 — Registered No. B C15294

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1156 Cookrie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mason G Spencer

{Residence, if in Baltimore, Give Street and Number.} 1156 Cookrie

Duration of Residence in Baltimore. 32 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Spencer

(Address) 1156 Cookrie St

Filed 9/1 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Aug 31 1908 that I last saw him alive on Aug 28 1908, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Liver

(DURATION) ? DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Buckler M.D.

Address 1418 Light St

1218 N. Steet

Date Aug 31. 08 190

Place of Burial Mt Carmel Cemetery

Date Sept 2nd 190 8

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 — C15295 — Registered No. B C15295

# CERTIFICATE OF DEATH.

11 8

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Horace Pattison

{Residence, if in Baltimore, Give Street and Number.} ~~Fitzwoith~~ Cowardville

Duration of Residence in Baltimore. 2924 St Paul St

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 25th 1882

AGE: 26 years, 8 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel V. Pattison

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary P. Broughton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Auctioneer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. McCoombs

(Address) The Preston Baltimore

Filed 9/1 1908 — HARRY C. ANDREWS, Registrar — PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1908 to Aug. 31 1908

that I last saw him alive on Aug. 31 1908,

and that death occurred, on the date stated above, at 10:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) DAYS

Contributory (Primary) Acute appendicitis

Several peritonitis (DURATION) DAYS

(Signed) Wm. J. Smith M.D.

Address City Hospital

Date Aug. 31 1908

Place of Burial Druid Ridge Cemetery

Date September 2nd 1908

Undertaker Stewart & Mowen Co.

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 9 — C15296 — Registered No. B C15296

# CERTIFICATE OF DEATH.

67

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Purnell

{Residence, if in Baltimore, Give Street and Number.} 1504 N Gay St

Duration of Residence in Baltimore. Balto

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 9 1870

AGE: 38 years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Purnell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katharine Stoss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Purnell

(Address) 1504 N. Gay St

Filed 9/1 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Aug 31 1908 that I last saw h[im] alive on Aug 31 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Bulbar Paralysis and Arthenia

14 days (DURATION) DAYS

Contributory (Primary.) Tubis Dorsalis

3 years (DURATION) DAYS

(Signed) J. W Bird M.D.

Address University Hospital

Date Sept 1 1908

Place of Burial London Park Cemetery

Date September 3rd 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C15297 — Registered No. B C15297

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Delia Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth Home -

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 24 1908

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1907 to Aug. 29 1908 that I last saw h[illegible] alive on Aug. 29 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 30 DAYS

Contributory (Primary) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Aug. 31, 1908

Place of Burial Cathedral Cemetery

Date Sept 1 1908

Undertaker Felix B. Pye.

Address 102. E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15298

C15298

Ward 23 Registered No. B

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 131 W West St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J Lewis

{Residence, if in Baltimore, Give Street and Number.} B/W West St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 18 1907

AGE 8 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER Henry J. Lewis

BIRTHPLACE OF FATHER (State or country) Balto., Md

MAIDEN NAME OF MOTHER Celia OConnor

BIRTHPLACE OF MOTHER (State or country) Balto, Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Celia Lewis

(Address) 131 W. West St

Filed 9/1 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1908 to Aug 31st 1908

that I last saw him alive on Aug 31st 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate )

Cholera Infantum

(DURATION) 36 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 Scheld

Date Aug 31st 1908

Place of Burial Cathedral Cemetery

Date Sept 1 1908

Undertaker Hall & M. G. Flynn

Address 426 West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C15299 — Registered No. B C15299

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 317 W. 28 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard N. Chenowith

{Residence, if in Baltimore, Give Street and Number.} 317 W. 28 St

Duration of Residence in Baltimore Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | May 29 1908 |
| AGE | 3 months, 2 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto City |
| FULL NAME OF FATHER | Harry Chenowith |
| BIRTHPLACE OF FATHER (State or country) | Cumberland Md |
| MAIDEN NAME OF MOTHER | Rose A. Hoffsneider |
| BIRTHPLACE OF MOTHER (State or country) | Balto City |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Chenowith

(Address) 317 W 28 St

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Aug 31 1908 that I last saw h.. alive on Aug 31 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis + Marasmus

Collapse

(DURATION) 37 DAYS

Contributory (Primary) Pranitosis

Bowels (DURATION) life DAYS

(Signed) Wm. H. Feldman M.D.

Address 800 1st Ave

Date Aug 31st 1908

Place of Burial Mt. Olivet

Date Sept 1 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 C15300 Registered No. B C15300

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Hilmer alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry H. Mason

{Residence, if in Baltimore, Give Street and Number.} 1209 Wilmer alley

Duration of Residence in Baltimore Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Joseph Mason

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Carrie Haidy

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Mason

(Address) 1209 Wilmore alley

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to August 30 1908 that I last saw h alive on August 29 1908 and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 Months

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Aug 30 1908

Place of Burial Mt Auburn Cemetery

Date Sept 2 1908

Undertaker Jos L Hooper

Address 609 Little Pratt

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C15301 Registered No. B C15301

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 506 Elbow Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillian Nunnie Kane

{Residence, if in Baltimore, Give Street and Number.} 506 Elbow Lane

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Joseph Kane

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Josephine Ruth

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Ruth

(Address) 506 Elbow Lane

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Aug 30 1908

that I last saw her alive on Aug 30 1908

and that death occurred, on the date stated above, at 8 45 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smith M.D.

Address 910 Light St

Date Aug 31 1908

Place of Burial Laurel Cemetery

Date Sept 1 1908

Undertaker Geo L Cooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 21 — C15302 — Registered No. B C15302

# CERTIFICATE OF DEATH.

106

(Place of Death.) No. 506 W Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard T Stubbins

{ Residence, if in Baltimore, Give Street and Number. } 506 W Lemmon St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal — COLOR: White

DATE OF BIRTH: March 17 1866

AGE: 42 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Stubbins

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Martha Wood

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Pike Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stubbins

(Address) 506 W. Lemmon st

Filed 9/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to Aug 31 1908

that I last saw h— alive on Aug 30 1908

and that death occurred, on the date stated above, at 8 30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Edema Laborum

(DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 6 DAYS

(Signed) E Schloman M.D.

Address 539 Hanover st

Date Aug 31 1908

Place of Burial Mount Olivet Cem

Date Sept 2nd 1908

Undertaker E Schloman Son

Address 539 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

## HEALTH DEPARTMENT, City of Baltimore.

Ward.....

C15303

Registered No. C.....

# CERTIFICATE OF DEATH.

C15303

19

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reinhardt Hartman

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

### PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 9/1 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Aug 31, 1908.

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1908 to Aug. 31, 1908.

that I last saw h in alive on Aug. 31, 1908

and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart - failure

.....(DURATION).....DAYS

Contributory (Primary) Heart - Disease, (DURATION).....DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Aug. 31, 1908. 190

JOHNS HOPKINS HOSPITAL
Laurel Hallowell
Asst.
BAY VIEW ASYLUM.

Place of Burial

Date SEP 1 - 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks.....

FOR STATISTICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

180

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

181

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 18

C15304

Registered No. B C15304

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. The body of an unknown St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name child found in alley

{ Residence, if in Baltimore, Give Street and Number. } alongside of house #1216, West Mulberry Street. (Asst.)

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 1 | |
| AGE: about 1 hour. years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/1 1908

M. C. ANDREWS, PERMIT CLERK, Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Found Sept. 1st (about) 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Herbert C. Blade M.D.

Address 1014 N La Fayette

Date Sept 1. Coroner 1908

JOHNS HOPKINS HOSPITAL

Place of Burial SEP 1 - 1908

Date ..... 190 .....

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 16 — C15305 — Registered No. B C15305

# CERTIFICATE OF DEATH.

14

(Place of Death.) No. 821 N. Parish alley (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Stanley

{ Residence, if in Baltimore, Give Street and Number. } 821. N. Parish. alley

Duration of Residence in Baltimore. 10 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1871

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Minister of Gospel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Holmes

(Address) 821 N. Parish

Filed 9/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Aug 24 1908

that I last saw him alive on Aug 24 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralepsis (Complete)

(DURATION) 7 DAYS

Con'ributory (Primary.) abcess on Brain (DURATION) 7 DAYS

(Signed) G. W. Slaten M.D.

Address 1703. W. Fayette

Date Aug. 25th 1908

Place of Burial PUBLIC CEMETERY

Date SEP 1 - 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

8 21

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 7

# HEALTH DEPARTMENT, City of Baltimore.

C15306

Registered No. C 15306

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Lancaster St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ign. Barelski

Residence, Give Street and Number, 1707 same

Duration of Residence in Baltimore, 17 years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH 1

AGE 18 years, 8 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) German Poland

FULL NAME OF FATHER Michael Barelski

BIRTHPLACE OF FATHER (State or county) German Poland.

MAIDEN NAME OF MOTHER Mary Zelenska.

BIRTHPLACE OF MOTHER (State or county) German Poland

OCCUPATION OF DECEASED Furniture Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Barelski

(Address) 1707 Lancaster St

Filed 9/1 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from July - 3 1908 to Aug 31 1908 that I last saw h— alive on Aug 23 1908 and that death occurred, on the date stated above, at 5 30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

4 months (DURATION) — DAYS

Contributory (Primary) Cystitis

(DURATION) DAYS

(Signed) Jno C Bruce M. D.

Address 1257 Bolton

Date Aug 31/08 1908

Place of Burial Holy Rosary.

Date Wednesday Sept 2 1908

Undertaker M F Sadowski.

Address 703 S. Anne St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

*And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2.

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C15307 Registered No. C C15307

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 318 Pressideur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Morrissi

Residence, Give Street and Number, 318 Pressideur St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W

DATE OF BIRTH 1

AGE years, 11 months, 23 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Emil Morrissi

BIRTHPLACE OF FATHER (State or couuty) Italy

MAIDEN NAME OF MOTHER Louisa Brunetta

BIRTHPLACE OF MOTHER (State or county) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Morrissi

(Address) 318 Pressideur

Filed 9/2 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 1 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 1 1908

that I last saw h im alive on Aug 31 1908

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. J. Valentini M. D.

Address 1 & 3 Broadway

Date Sept 1 1908

Place of Burial St. Vincents

Date Sept. 2" 1908

Undertaker Trundell Lippard & Son

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15308

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15308

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1616, St. Joseph St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Stokes

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dont Know (Month) 1 (Day) (Year)

AGE: 44 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Martha Whittaker,

(Address) (Daughter) 1616 St Joseph St

Filed 9/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to August 30 1908 that I last saw her alive on 29th Aug 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

about one years (DURATION) ..... DAYS

Contributory Cardiac Asthma, Weight

Heart Dropsy (DURATION) 3 Mos

(Signed) W. C. Sandrock M.D.

Aug 31 1908 (Address) 1242 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lakewood | DATE OF BURIAL: Sept-2nd 1908

UNDERTAKER: Wm J. S. Jackson | ADDRESS: 142 Mulberry

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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C15309

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15309

City of Baltimore, (No. 233 N. Henrietta St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Lee

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Brown

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 55 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): W Virginia

FULL NAME OF FATHER: Not-Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Lee wife

(Address) 233 N Henrietta St

Filed 9/2 1908 HARRY ~~G.~~ ANDREWS. PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Sept 1 1908 that I last saw him alive on Aug 31 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Nephritis

6 weeks (DURATION) ..... DAYS

Contributory ..... 6 weeks (DURATION) ..... DAYS

(Signed) W. L. Smith M. D.

Sept 1 1908 (Address) 928 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National cl-

DATE OF BURIAL: Sept 3d 1908

UNDERTAKER: C. L. Brown and Son

ADDRESS: 108 W Monto St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — Registered No. B C15310

C15310

# CERTIFICATE OF DEATH.

(Place of Death.) No. 60 N. Carrollton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Minnie Frances Van Williams

{ Residence, if in Baltimore, Give Street and Number. } ~~No~~ 60 N. Carrollton Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White.

DATE OF BIRTH Sept 1 1871

AGE 37 years, 9 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER David Virtue

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Elijah J. McKnew.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. V. Van Williams

(Address) 60 N. Carrollton Ave.

Filed 9/2 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Sept 1 1908 that I last saw h[illegible] alive on Sept 1 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 1 Year DAYS

(Signed) M. L. Field M.D.

Address 1202 E. Monument St.

Date Sept. 3 1908

Place of Burial London Park Cemetery

Date Sept. 3 1908

Undertaker Geo. J. Smith Co.

Address 1100 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15311

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15311

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 107, Penn St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Lemuel Levi

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. (Month) 1st (Day) 1907 (Year)

AGE: 1 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Utica N.Y.

FULL NAME OF FATHER: Samuel Levi.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Mickee

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Levi

(Address) 107 Penn St.

Filed 9/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 1st 1908 that I last saw him alive on Sept 1st 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Summer Complaint
and Congestion of
brain,

(DURATION) 2 DAYS

Contributory Convulsions,

(DURATION) — DAYS

(Signed) H. W. Wabner M. D.

Sept 2d 1908 (Address) 723 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rose Dale — DATE OF BURIAL: 9/2 1908

UNDERTAKER: Mc Elderry — ADDRESS: 1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Was called to see patient at 6.30 P.M. Sept. 1st 1908. Dead while I was making the call. Had Medicine from Md. University Dispensary.
Ord. A.P.T. H.W.W.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C15312 Registered No. B C15312

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Edgar Wood

{ Residence, if in Baltimore, Give Street and Number. } 1449 Light St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH Dec 6 1890

AGE 17 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER James H. Wood

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth C. Downs

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth C. Wood

(Address) 1449 Light St

Filed 9/2 1908 HENRY E. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1908 to Sept 1st 1908 that I last saw him alive on Sept 1st 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of base of Skull (Accidentally fell from scaffold) (DURATION) Instt DAYS

Contributory (Primary.) and (DURATION) DAYS

(Signed) W. S. Hopkins M.D.

Address 1426 Light St.

Date Sept 1st 1908 190

Place of Burial MOUNT OLIVET.

Date SEP 4 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

Aug 31st 1908 Buried Sept 3rd 1908 Mt Olivet Cem

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C15313 — Registered No. C 15313

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1310 Homewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Geurin

Residence, Give Street and Number, 1310 Homewood Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH Jan 3 d 1908

AGE 0 years, 7 months, 27 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John F Geurin

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Mary R. Mulligan

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1310 Homewood Ave

Filed 9/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Sept 1st 1908

that I last saw h alive on Aug 31st 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro - Enteritis

Exanition

(DURATION) 10 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferson Buck M. D.

Address 2544 St Paul St

Date Sept 1st 1908

Place of Burial Cathedral

Date Sept 2 1908

Undertaker H. C. Middeldorf

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C15314 — Registered No. B C15314

# CERTIFICATE OF DEATH.

36

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geneva Simms

{Residence, if in Baltimore, Give Street and Number.} 1009 W. Saratoga Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband J W Simms

(Address) 1009 W. Saratoga

Filed 9/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Aug 23 1908

that I last saw h alive on Aug 23 1908,

and that death occurred, on the date stated above, at 9 00 a M. CAUSE OF DEATH (Secondary or Immediate)

Syphilis of Brain

Respiratory failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. T. McClure M.D.

Address Johns Hopkins Hospital

Date Aug 31 1908

Place of Burial Pleasantville N.J.

Date Sept 2 — 1908

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C15315 — Registered No. B C15315

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 653 Wyeth St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margarethe Hurtzbacher

{Residence, if in Baltimore, Give Street and Number.} 653 Wyeth St.

Duration of Residence in Baltimore. 27 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 30 th 1845

AGE 62 years, ..... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Trisch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hoenberger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Hurtzbacher

(Address) 653 Wyeth St

Filed 9/2 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 st 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to Aug 31 1908

that I last saw h Er alive on Aug 31 1908

and that death occurred, on the date stated above, at 5.35 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis Cerebral

Cardiac Dilatation

(DURATION) 53 DAYS

Contributory (Primary.) Gen. Anasarca

Cardiac Asthenia (DURATION) DAYS

(Signed) Henry C. Ordel M.D.

Address 1703 W. Fayette St

Date Sept 1 1908

Place of Burial Western Cemetery

Date Sept 3 ed 1908

Undertaker Mr & Mrs John W. Seufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C15316 — Registered No. B C15316

C15316

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1429 Richardson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Anton Fittler (Fittler)

{Residence, if in Baltimore, Give Street and Number.} 1429 Richardson St—

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 4 Aug 1908

AGE: // years, // months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nicolaus Fittler

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Mary Hellebrand

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nikolaus Fittler

(Address) 1429 Richardson St—

Filed 9/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2nd Sept 1908

I HEREBY CERTIFY, That I attended deceased from 25 Aug 1908 to 2nd Sept 1908 that I last saw h[im] alive on 1st Sept 1908 and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) James Cooper M.D.

Address 1324 Hull St

Date 190

Place of Burial Holy Cross R. C. Co.

Date Sept 3 1908

Undertaker Jos. Stumbler

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C15317 Registered No. B — C15317

155

# CERTIFICATE OF DEATH.

(Place of Death.) No. Patterson Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abe Mervis

{ Residence, if in Baltimore, Give Street and Number. } 135 S Spring St Road

Duration of Residence in Baltimore. 7 Yr.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Bennie Mervis

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Sobel

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Mervis

(Address) 135 Spring St

Filed 9/2 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 — 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him — alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Carbolic Acid

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlin Coroner M.D.

Address 3202 Greene St

Date 190

Place of Burial Hebrew Cem Pikesville Rd

Date Sept 2 190 8

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 16 — C15318 — Registered No. B C15318

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeop. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wright

{Residence, if in Baltimore, Give Street and Number.} 1033 Vincent St.

Duration of Residence in Baltimore. 18 mos.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colar

DATE OF BIRTH: Sep 2 1907

AGE: 1 years, months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): M D

FULL NAME OF FATHER: Chaly Wright

BIRTHPLACE OF FATHER (State or country): M D

MAIDEN NAME OF MOTHER: May Johnson

BIRTHPLACE OF MOTHER (State or country): M D

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chaly

(Address) 1033 Vencent st

Filed 9/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 2 1908 that I last saw h[illegible] alive on Sept. 1 1908, and that death occurred, on the date stated above, at 7.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Peritonitis.

(DURATION) DAYS

(Signed) L. R. Lekites M.D.

Address Maryland Homeop Hospital

Date Sept. 2, 1908.

Place of Burial Mount ~~Olivet~~ Auburn

Date Sept 3" 1908

Undertaker K L Parkan

Address 1213 Parish st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 14 — C15319 — Registered No. B C15319

41

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McDonald

{ Residence, if in Baltimore, Give Street and Number. } Westminster, Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1848

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry McDonald.

(Address) Westminster

Filed

190 HARRY G. ANDREWS, Registrar

PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2, 1908

I HEREBY CERTIFY, That I attended deceased from August 24 1908 to Sept 2 1908 that I last saw h[illegible] alive on Sept 2 1908, and that death occurred, on the date stated above, at 8.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Sloughing Carcinoma with peritonitis

(DURATION) DAYS

Contributory (Primary.) Carcinoma of caecum (DURATION) DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Prot. Inf.

Date Sept. 2 1908

Place of Burial Westminster Md.

Date Sept 3 1908

Undertaker H. C. Browning

Address S. S. Popleton Jr.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C15320

Registered No. C C15320

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2712 Boston St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Theodore Ptaszynski

Residence, Give Street and Number, 2712 Boston St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH 1

AGE 1 years, - months, - days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER Alexander Ptaszynski

BIRTHPLACE OF FATHER (State or county) Russia Poland.

MAIDEN NAME OF MOTHER Julia Zazycka.

BIRTHPLACE OF MOTHER (State or county) Russia Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Ptaszynski

(Address) 2712 Boston St.

Filed 9/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to August 30 1908

that I last saw h[illegible] alive on Aug 30 1908

and that death occurred, on the date stated above, at 930 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) - DAYS

Contributory (Primary) Marasmus Exhaustion

(DURATION) DAYS

(Signed) John Roth M. D.

Address 907 Eastern ave

Date Sept 2nd 1908

Place of Burial St Stanislaus

Date Wednesday Sept 2 1908

Undertaker M. F. Sadowski

Address 903 S. Conn St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15321 Registered No. B C15321

# CERTIFICATE OF DEATH. 106

(Place of Death.) No. 1609 John St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Anna Gordon Kershaw Chappell

{Residence, if in Baltimore, Give Street and Number.} 1609 John St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 70 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Chappell

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Angeline Driscoll

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Anna Chappell Webster

(Address) 1609 John st

Filed 9/2 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to Aug 31 1908 that I last saw h[er] alive on Aug 31 1908 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Diabetes

(DURATION) 10 DAYS

(Signed) J. Lewis Cook Jr. M.D.

Address 1808 N Charles st

Date Aug 31 1908

Place of Burial Greenmount Cemetery

Date September 3rd 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15322 Registered No. B C15322

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2931 Dillon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alfred Por Gear

{ Residence, if in Baltimore, Give Street and Number. } 2931 Dillon St.

Duration of Residence in Baltimore. Fifty

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 13th 1858

AGE: 49 years, 9 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alfred D. Gear

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Martha Leshon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. P. Gear

(Address) 2931 Dillon St

Filed 9/2 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 1st 1908

I HEREBY CERTIFY, That I attended deceased from April 13, 1908 to Sept 1st 1908

that I last saw him alive on Aug 31. 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 1 DAY

Contributory (Primary.) Miliary Tuberculosis

(DURATION) 4½ Mos.

(Signed) D. W. Jones M.D.

Address 3116 Ormond St

Date Sept 1st 1908

Place of Burial Baltimore Cemy

Date Sept 4 1908

Undertaker John A Moran

Address 1 Bank & Aurora

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C15323 Registered No. B C15323

# CERTIFICATE OF DEATH.

74

(Place of Death.) No. The John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Taylor

{ Residence, if in Baltimore, Give Street and Number. } 422 Hanover Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 27 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: J. T. Shrieves

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Barnes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee Taylor

(Address) Tasley Accomacco Va

Filed 9/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Sept 2 1908 that I last saw her alive on Sept 2 1908, and that death occurred, on the date stated above, at 1.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Melanotic Sarcoma of Brain

(DURATION) DAYS

Contributory (Primary) Generalized Sarcoma

(DURATION) DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hospital

Date Sept 2 1908

Place of Burial Tasley Accomacco Va

Date Sept 3 1908

Undertaker Jno Cook

Address 502 E Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

# HEALTH DEPARTMENT, City of Baltimore.

C15324

Registered No. C C15324

# CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1607 Lafayette St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Israel Mathews

Residence, Give Street and Number, 1607 Lafayette St.

Duration of Residence in Baltimore, Natural

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR Colored

DATE OF BIRTH ..... 1

AGE 1 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER S. Mathews

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Martha. Fields.

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel. Mathews

(Address) 1607 Lafayette St

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190

that I last saw h ..... alive on ..... 190

and that death occurred, on the date stated above, at 4 20 a M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) W. T. Riley Emmons M. D.

Address 1639 Broadway

Date Sept 3 1908

Place of Burial Laurel Cemetery

Date Sept. 3rd 1908

Undertaker Felix B. Pye,

Address 102. E. Madbury St

Remarks .....

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 19 — C15325 — Registered No. B C15325

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N. Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Kennard

{Residence, if in Baltimore, Give Street and Number.} 211 N. Parrish alley

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | Black. |

DATE OF BIRTH ..... 1 .....

AGE 32 years, — months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Essex Co Va.

FULL NAME OF FATHER: Thomas. Wright.

BIRTHPLACE OF FATHER (State or country): Essex Co, Va.

MAIDEN NAME OF MOTHER: Caroline Jones.

BIRTHPLACE OF MOTHER (State or country): Essex Co Va.

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Kennard

(Address) 211 N. Parrish Alley

Filed 9/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Labar Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Her Lut. C Blake, M.D.

Address 1014. W La Fayette ave

Date Sept. 2 Coroner 1908

Place of Burial Laud. Cemetery

Date Sept. 4th 1908

Undertaker Felix B. Pyle.

Address 102. E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 1 — C15326 — Registered No. B C15326

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 923 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Kolacny

{ Residence, if in Baltimore, Give Street and Number. } 923 N. Bradford St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton Kolacny

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Betty Sibsta

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Kolacny

(Address) 923 N. Bradford St

Filed 9/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Sept 2 1908

that I last saw h[illegible] alive on ..... 1908,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) Cardiac Failure (DURATION) ..... DAYS

(Signed) W. J. Ryanek M.D.

Address 2008 Lashland Ave

Date Sept 3 1908

Place of Burial Holy Redeemer

Date Sept 4 1908

Undertaker Frank Brach and Son

Address 1904 Eastland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 31 C15327 Registered No. B C15327

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1317 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Meyer Gillis

{Residence, if in Baltimore, Give Street and Number.} 1317 E Lombard St

Duration of Residence in Baltimore. from birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 6th 1908

AGE: ____ years, 3 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Aaron Gillis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Krawitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Krawitz

(Address) 110 N. Carlisle St.

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1908 to Sept 2nd 1908 that I last saw him alive on " 2nd 1908 and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E Baltimore St,

Date Sept 2nd 1908

Place of Burial B'nai Israel Hebrew Beth Olam

Date Sept 3, 1908.

Undertaker Wm. Ginnis & Co. Carroll

Address 1227 Mulberry St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15328

Ward 20

C15328

Registered No. B

# CERTIFICATE OF DEATH.

138

(Place of Death.) No. 622 N. Lombard St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Wm Mytang

{ Residence, if in Baltimore, Give Street and Number. } 2006 Christian St.

Duration of Residence in Baltimore. 6 months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mr Wm Batlick

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mikeson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jordine Schiltz

(Address) 2026 Christian

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Sept 3 1908 that I last saw her alive on Sept 3 1908, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis 7

Pregnancy (DURATION) DAYS

(Signed) Robt. P. Ray M.D.

Address University Hospital

Date Sept. 3 1908

Place of Burial Hebrew Washington Road

Date Sept 3 1908

Undertaker McGinnis & Carroll

Address 1227 Mulliken

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15329

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15329

City of Baltimore, (No. 405, N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lottie Mitchell

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: Sept. (Month) 1 (Day) 1908 (Year)

AGE: 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Aug 1 1908

that I last saw h e alive on Sept 31 1908,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Uterine Mal (DURATION) DAYS

Contributory Dysentery

Exhaustion (DURATION) DAYS

(Signed) Martin N. White M. D.

Sept 2 1908 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Sept 3 1908 |
| UNDERTAKER | ADDRESS |
| Robert A Elliott | 506 Rogers. |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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# HEALTH DEPARTMENT, CITY OF BALTIMORE. C15330

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

# CERTIFICATE OF DEATH.

Registered No. B C15330

City of Baltimore, (No. 526 East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucinda Mason

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Foster

(Address) 526 East St

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Sept 1 1908 that I last saw her alive on Aug 27 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

P

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Lyle Smith M. D.

Sept 1 1908 (Address) 711 W Carroll Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Sept 3 1908 |
| UNDERTAKER | ADDRESS |
| Robert A. Elliott | 506 Rogers Av |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C15331

Registered No. B C15331

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 523 N. Cross St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Thos. Minor

{Residence, if in Baltimore, Give Street and Number.} 523 N. Cross St

Duration of Residence in Baltimore. 5 mos

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH April 3 1908

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Isaac Minor

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Harriet Holloway

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Minor

(Address) 523 W. West St

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Sept 2 1908 that I last saw h im alive on Sept 1 1908, and that death occurred, on the date stated above, at 11:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 16 DAYS

Contributory (Primary.) Inanition, Gan(grene)

(DURATION) 120 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp.

Date Sept 2 1908

Place of Burial Mt. Auburn Cem.

Date Sept. 3 1908

Undertaker John H. Toadvine

Address 1424 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C15332 Registered No. C C15332

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 533 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thelma Thompson

Residence, Give Street and Number, 533 W. West St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored.

DATE OF BIRTH February 16 1905

AGE 3 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Eugene Thompson

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Fannie Turner

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Thompson (mother)

(Address) 533 W West St

Filed 9/3 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 1 1905

I HEREBY CERTIFY, That I attended deceased from ~~1905~~ to 1905

that I last saw h alive on 1905

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto W. Eintrandt M. D.

Coroner

Address

Date September 2 1908

Place of Burial Mt. Auburn Cem.

Date Sept 3 1908

Undertaker John H. Woodyard

Address 1412 W. Hoffman St.

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C15333 Registered No. B C15333

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1171 York Road. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Johnson.

{Residence, if in Baltimore, Give Street and Number.} 1171 York Road.

Duration of Residence in Baltimore. Life. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J Johnson.

(Address) 1171 York Road

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Sept 1 1908

that I last saw h— alive on Sept 1 1908,

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy.

4 months. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C J Stubbs Jr. M.D.

Address 811 Fremont Ave

Date Sept 2nd 1908

Place of Burial Cathedral

Date Sept 4/08. 190

Undertaker Wm Cook

Address 502 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15334

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B C15334

City of Baltimore, (No. 83 Brick Hill Mt Vernon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie G. Bottle

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: July (Month) 4 (Day) 1893 (Year)

AGE: 15 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Alberton Md

FULL NAME OF FATHER: Wm J Bottle

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Bottle

(Address) Mt Vernon

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Sept 2 1908 that I last saw h[er] alive on Aug 31st 1908, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Heart disease - Mitral valve

(DURATION) 3 yrs DAYS

Acute Bronchitis

Contributory

(DURATION) 4 Wks DAYS

(Signed) W. A. Fair M. D.

Sept 2 1908 (Address) 17 E 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Sept 4 1908

UNDERTAKER: Wm Cook

ADDRESS: 532 E North Ave

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — C15335 — Registered No. B C15335

# CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1329 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Bardgen

{Residence, if in Baltimore, Give Street and Number.} 1329 Division St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas. Bardgen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Bardgen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Bardgen

(Address) 1329 Division St.

Filed 9/3 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1st 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Inflammation of Liver.

about 3 mos. (DURATION) ... DAYS

Contributory (Primary.) Unknown

(DURATION) ... DAYS

(Signed) Silas Bartram M.D.

Address 700 Lex. Av. (Corner)

Date Sept. 1st 1908

Place of Burial Mount Auburn Cem.

Date Sept 3 1908

Undertaker John H. Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death***.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

C15336

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

# CERTIFICATE OF DEATH.

C15336

Registered No. B.....

City of Baltimore, (No. 537, Falls Rd, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morgan Dorsey Howell

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: male | COLOR: white |
| DATE OF BIRTH: June 21 (Month) (Day) 1908 (Year) | |
| AGE: ..... years, 2 months, 11 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant | |
| BIRTHPLACE (State or country): Balto | |
| FULL NAME OF FATHER: Madison M. Howell | |
| BIRTHPLACE OF FATHER (State or country): Va. | |
| MAIDEN NAME OF MOTHER: Rose L. Jacobs | |
| BIRTHPLACE OF MOTHER (State or country): Va. | |
| OCCUPATION OF DECEASED: none | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Madison M. Howell.

(Address) 537 Falls Road.

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Birth June 21 1908 to Sept 2 1908, that I last saw him alive on Sept 2 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Marasmus.

(DURATION) 43 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. D. Kelly M. D.

Sept 2 1908 (Address) 3549 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Sept 3 1908

UNDERTAKER: Wm. E. Chenowith — ADDRESS: 919-3d ave. Hampden

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15337

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B C15337

City of Baltimore, (No. 2028 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Hemmel

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 63 years, ..... months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Solomon Westheimer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Hirsch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Hemmel

(Address) 2028 Eutaw Place

Filed 9/3 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1st 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 12th 1908 to Sept 1st 1908 that I last saw h[illegible] alive on Sept 1st 1908, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Ch. Endo & Myocarditis, Ch Interstitial Nephritis, Emphysema &c.

Many Years (DURATION) ~ DAYS

Contributory Acute suppression of urine &c. (DURATION) 8 DAYS

(Signed) Eugene M. Wan M.D.

Sept 2nd 1908 (Address) 20 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Friendship | Sept 3rd 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Harry Sonnheim | 923 Madison |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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C15338

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

# CERTIFICATE OF DEATH.

Registered No. B C15338

City of Baltimore, (No. 1015 Hillman St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Schnebel

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 19 (Day) 1891 (Year)

AGE: 17 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: A Weinman

BIRTHPLACE OF FATHER (State or country): American

MAIDEN NAME OF MOTHER: A. Utt

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schnebel

(Address) 1015 Hillman

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 1 1908

that I last saw her alive on Aug 31 1908,

and that death occurred, on the date stated above, at 12 a. m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) ..... DAYS

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) James M Fenlon M. D.

Sept 1 1908 (Address) 707 E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cem.

DATE OF BURIAL: 9/3 1908

UNDERTAKER: J Henry Son

ADDRESS: 2008 Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

C15339

Registered No. C C15339

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 34 S. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jamie Krom (KROM)

Residence, Give Street and Number, 34 S. High St

Duration of Residence in Baltimore, 26 days

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| female | White |

DATE OF BIRTH August 8th 1908.

AGE — years, — months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Wolf Krom

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Rosie Augustine

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Krom

(Address) 34 S High St

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from August 25 1908 to Sept 2nd 1908 that I last saw her alive on Sept 2 1908 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus due to indigestion

(DURATION) 26 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

Address 900 E. Baltimore St

Date September 3 1908

Place of Burial Holmes Rondale Cemetery

Date Sept. 3, 1908

Undertaker Max Levinson

Address 1620 McElderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15340

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B C15340

City of Baltimore, (No. 915 Bowan, St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Marshall.

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White. |
| DATE OF BIRTH | Mch. 26 1902. (Month) (Day) (Year) |
| AGE | ....years, 5 months, 7 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland. |
| FULL NAME OF FATHER | James E. Marshall |
| BIRTHPLACE OF FATHER (State or country) | Maryland. |
| MAIDEN NAME OF MOTHER | Katie Hyde |
| BIRTHPLACE OF MOTHER (State or country) | Maryland. |
| OCCUPATION OF DECEASED | None. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Marshall

(Address) 915 Bowan St

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1908. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to Sept 2 1908.

that I last saw him alive on Sept 1 1908.,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) DAYS

Contributory Cholera Infantum

(DURATION) DAYS

(Signed) Henry Wade Smith M. D.

Sept 2 1908 (Address) 923 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore | Sept 3rd 1908 |
| UNDERTAKER | ADDRESS |
| E Schlosman & Son | 1024 Hanover st |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15341

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15341

City of Baltimore, (No. 618 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Jennie Kullick

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 18 1908 (Month) (Day) (Year)

AGE: ..... years, ..... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George H Kullick

BIRTHPLACE OF FATHER (State or country): Grey

MAIDEN NAME OF MOTHER: Wilhelmina Taubert

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Kullick

(Address) 618 Hanover st

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 3rd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 8 1908 to Sept 3rd 1908 that I last saw her alive on Sept 3rd 1908, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm. Lee Willis M. D.

9-3 1908 (Address) 618 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Eastern Cem | Sept 4th 1908 |
| UNDERTAKER | ADDRESS |
| C. Schloman Son | 1039 Hanover st |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15342

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

# CERTIFICATE OF DEATH.

Registered No. B C15342

City of Baltimore, (No. 1109 Leadenhall St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Eva E. Weisbrod

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 20 (Day) 1820 (Year)

AGE: 88 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Ludwig Helfenstein

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Eva E. Miller.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Tucker. (Daughter)

(Address) 162 W. Cross st

Filed 9/3 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 2 (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Sept 2 1908.

that I last saw her alive on Sept 1 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Cardiac Syncope.

(DURATION) DAYS

Contributory Senility.

(DURATION) DAYS

(Signed) Heinrich Haasenritter M. D.

Sept 2 1908 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Sept 4th 1908

UNDERTAKER: Schlosman & Son | ADDRESS: 659 Hanover

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C15343 Registered No. B C15343

# CERTIFICATE OF DEATH. 61

(Place of Death.) No. 704 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John D. Hagan

{Residence, if in Baltimore, Give Street and Number.} 704 N. Fremont Ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Clarence L Hagan

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Donohue

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hagan

Address 704 N. Fremont Ave

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Sept 2 1908 that I last saw him alive on Sept 2nd 1908, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 18 DAYS

Contributory (Primary.) Bronchitis (DURATION) 4 DAYS

(Signed) Z. K. Wiley M.D.

Address 7 W. N. Ave

Date Sept 3rd 1908

Place of Burial New Cathedral

Date 9/5 1908

Undertaker Wm J Schilling

Address 9 S. Bopple

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

19

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15344

151

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15344

City of Baltimore, (No. 512. N. Parrish St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Newman

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) 2nd (Day) 1908 (Year)

AGE: ..... years, two months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Newman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susan Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Newman

(Address) 512. Parrish St

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 2nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 1908 that I last saw h[illegible] alive on Sept 1st 1908, and that death occurred, on the date stated above, at ~~death~~ 1 A.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 60 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. Nicholson M. D.

Sept 2nd 1908 (Address) 528 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Sept 3 1908

UNDERTAKER: Sam'l H. Chase Son

ADDRESS: 1400 Mosher

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C15345 Registered No. B C15345

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1731 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Gaughran

{Residence, if in Baltimore, Give Street and Number.} 1731 E. Pratt St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Oct 28 1887

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter J. Laughran

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rose Wilonska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bailey Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Rose Laughran

(Address) 1731 E. Pratt St.

Filed 9/3 1908 HARRY C. ANDREWS, CIRCUIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 2 1908 190

I HEREBY CERTIFY, That I attended deceased from Aug. 31 1908 to Sept 2nd 1908 that I last saw him alive on Sept 1st 1908, and that death occurred, on the date stated above, at 2.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Gately M.D.

Address 111 S. Bilmay

Date Sept 2nd '08 190

Place of Burial Holy Redeemer Cemy

Date SEP 5 1908 190

Undertaker S. M. Starr

Address 123 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — Registered No. B C15346

C15346

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Wesley Smith

{Residence, if in Baltimore, Give Street and Number.} Ridgely, Maryland.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1908 to Sept 2 1908

that I last saw h in alive on Sept. 2 1908

and that death occurred, on the date stated above, at 4.3

M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion — Malnutrition.

(DURATION) DAYS

Contributory (Primary) Chronic

Leg ulcers (DURATION) DAYS

(Signed) Wm. Schmitt M.D.

Address City Hospital

Date Sept. 2 19

Place of Burial

Date 190

Undertaker

Address

JOHNS HOPKINS HOSPITAL SEP 3 - 1908 Commissioner Health. Per Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the cause and date of death.

Ward 16 C15347 Registered No. B C15347

# CERTIFICATE OF DEATH.

171

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clinton Philips (Philips)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 27 1908

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bristow

(Address) Nursery & Childs Hosp.

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 27 1908 to Sept 2 1908 that I last saw him alive on Sept 2 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. E. Burlow M.D.

Address 222 E. Cross St.

Date Sept. 2 1908

Place of Burial

Date SEP 3 - 1908 190

Commissioner Health

Undertaker Per. Wm. E. Woodall

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C15348 — Registered No. B C15348

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Alexander

{Residence, if in Baltimore, Give Street and Number.} 324 Courtland St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Alexander

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 31 1908 to Sept. 2 1908 that I last saw h in alive on Sept. 2 1908, and that death occurred, on the date stated above, at 2.3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia - Intestinal perforation.

(DURATION) DAYS

Contributory (Primary) Typhoid.

(DURATION) DAYS

(Signed) Wm. Schmit M.D.

Address City Hospital

Date Sept. 2 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 3 - 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 8 — C15349 — Registered No. B C15349

63

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Hopkins ave. St. (If Death occurred in Hospital or institution, give Its Name instead of Street and Number)

Full Name Imogene B. Wightson

{Residence, if in Baltimore, Give Street and Number.} 1818 Hopkins ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 5 1862

AGE 45 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robert Gibson

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Susan Butler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. S. Wightson

(Address) 1818 Hopkins ave

Filed 9/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1904 1908 to Sept 1. 1908

that I last saw h 24 alive on " " 1908

and that death occurred, on the date stated above, at 9.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of Brain

2 or 3 days

1 (DURATION) DAYS

Con'ributory (Primary) Transverse Myelitis

(DURATION) 4 yrs DAYS

(Signed) Geo H Hartman M.D.

Address 112 N Carolina St.

Date Sept. 2. 1908

Place of Burial Loudon Park Cem

Date Sept. 4 1908

Undertaker Wm. G. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15350 Registered No. B C15350

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 417 S. Chester St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James E. Mc Donald

{ Residence, if in Baltimore, Give Street and Number. } 417 S Chester st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1st 1903

AGE 5 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James E. Mc Donald

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Cora A. Lauer

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Mc Donald

(Address) 417 S. Chester St.

Filed 9/3 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Cullen Cann M.D.

Address 320 N Greene St.

Date 190

Place of Burial Rest Cathedral Cemetery

Date Sept 4th 190 8

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C15351

Ward 7 C15351 Registered No. B

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 703 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina Raiber

{Residence, if in Baltimore, Give Street and Number.} # 703 S. Bethel St.

Duration of Residence in Baltimore. about Sixty years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 6 1845

AGE 63 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER John Frederick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Wagner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina McDonald

(Address) 703 S. Bethel St.

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Sept. 1 1908

that I last saw her alive on Aug. 31 1908,

and that death occurred, on the date stated above, at 7½ A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Debility

(DURATION) 1 DAYS

Contributory (Primary.) Indigestion

(Chronic) (DURATION) 1 year DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date September 1 1908.

Place of Burial Baltimore Cemetery

Date Sept. 4" 1908

Undertaker H. SANDER & SONS, 1708-1710 Caxton Avenue, S. E. Cor. Broadway & Baltimore St.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15352

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15352

Registered No. B.....

City of Baltimore, (No. 224, S. Gilmore St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Annie M. Flaherty Flaherty

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March (Month) 29th (Day) 1872 (Year)

AGE 36 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Almore Gardner

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah —

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph B. Cook

(Address) 1003 W. Balto. St.

Filed 9/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 17th 1908 to Sept 1st 1908 that I last saw her alive on Sept. 1st Aug. 17th 1908, and that death occurred, on the date stated above, at 10-55 P. M. The CAUSE OF DEATH was as follows:

Valvular disease of Heart & Dropsy.

(DURATION) 14 DAYS

Contributory Pregnancy at about end of 8th month of Gestation (DURATION) DAYS

(Signed) H. W. Webner M. D.

Sept 2d 1908 (Address) 723 W. Lexington St. ~~No. 11 Wadsworth~~

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Pleas. Cem. | DATE OF BURIAL: Sept-4 1908

UNDERTAKER: J. B. Cook | ADDRESS: 1003 W. Balto

Prescribed for this patient on Aug. 17/08 for the heart disease and dropsy and was not called again till time of death, H. W. W.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C15353 Registered No. C 015353

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 146 N. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Weitzel

Residence, Give Street and Number, 146 N. Curley St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH April 1852

AGE 56 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Jacob Weitzel

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Tobacco filler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdalena Weitzel

(Address) 146 N Curley st

Filed Sept 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 1 1908

that I last saw h~~im~~ alive on Sept 1 1908

and that death occurred, on the date stated above, at 10.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Louis Vogel M. D.

Address 2601 E. Monument st

Date Sept 2 1908

Place of Burial Oak Lawn

Date September 6 1908

Undertaker Jos 13 Cook

Address 1003 N Bond st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 015954

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fannie Cottman-

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home-

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH April 26, 1907

AGE 1 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James Johnson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Cottman

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

Address St Elizabeths Home.

Filed Sept 4 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2, 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ 30 1907 to Sept 2 1908 that I last saw h[illegible] alive on Sept 2 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 1 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 8 mos ~~DAYS~~

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Sept. 3, 1908

Place of Burial Cathedral Cemetery

Date September 4th 1908

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward W

Registered No. B C15355

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ellen Carter

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH About Jan 1908

AGE ..... years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed Sept 4 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3, 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to Sept 2 1908 that I last saw h[illegible] alive on Sept 2 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 4 mos ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Sept 3, 1908

Place of Burial Cathedral Cemetery

Date September 4th 1908

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15356

C15356

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1919, David Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Bradley

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Lexington Ky

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Thurston

(Address) 1914 d David Hill Ave

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 2 1908 to Sept. 2 1908 that I last saw him alive on Sept 2 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Uraemia — Several (DURATION) DAYS

Contributory Chronic Nephritis & Myocarditis Some years (DURATION) DAYS

(Signed) Chas W. Barnes M. D.

Sept 3 1908 (Address) 1327 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 4 1908

UNDERTAKER: Wm Thurston — ADDRESS: 578 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C15357

Ward 14

C15357 Registered No. B 154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 126 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Magdalena F. Flamm

{ Residence, if in Baltimore, Give Street and Number. } 126 N. Calhoun St

Duration of Residence in Baltimore. 78 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: June 29 1816

AGE: 92 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baden, Germany

FULL NAME OF FATHER: Andrew Grazier

BIRTHPLACE OF FATHER (State or country): Baden Germany

MAIDEN NAME OF MOTHER: Margaret Musegaming

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Flamm

(Address) 126 N. Calhoun St.

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19 1908 to Sept 2 1908 that I last saw her alive on Sept. 2 1908, and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Sept 3rd 1908

Place of Burial Baltimore Cemetery

Date Sept. 5th. 1908. 190

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C15358 Registered No. B C15358

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis E Edenen

{ Residence, if in Baltimore, Give Street and Number. } Charles Co. Md.

Duration of Residence in Baltimore. 2 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Charles Co. Md.

FULL NAME OF FATHER Edward Edenen

BIRTHPLACE OF FATHER (State or country) Charles Co. Md

MAIDEN NAME OF MOTHER Caroline Smith

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maria Knode

(Address) 2115 N. St. N. Ch Washington D.C.

Filed 9/4 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 2nd 1908 that I last saw him alive on Sept 2nd 1908, and that death occurred, on the date stated above, at 1.1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary.) Chronic Brights

(DURATION) DAYS

(Signed) Elmer Gill Hall M.D.

Address St. Josephs German Hospital

Date Sept 3 nd 1908

Place of Burial St. Peters Cemetery

Date Sept. 4 1908

Undertaker Henry Hauck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15359

Ward 18

Registered No. B C15359

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 303 W. Pratt St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Cooney

{Residence, if in Baltimore, Give Street and Number.} 864 W. Fayette st

Duration of Residence in Baltimore. 12 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 30 1872

AGE: 36 years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ellicott City Md

FULL NAME OF FATHER: Wm H. Cooney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Hendricks

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Cooney

(Address) Glenelg Md.

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1908

I HEREBY CERTIFY, That I attended deceased from ... 1908 to ... 1908

that I last saw h... alive on ... 1908

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull

caused by an explosion

of Chlorate of Potash

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Patrick F Maher M.D.

Coron

Address ...

Date Sept 3 1908

Place of Burial Westminster Md

Date Sept 6 1908

Undertaker W. F. Tuckerman

Address Camden Parlors

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

C15360

Ward 21

Registered No. B C15360

# CERTIFICATE OF DEATH.

(Place of Death.) No. 813 Woodward St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Miles

{Residence, if in Baltimore, Give Street and Number.} 813 Woodward St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Nov 29 1845 |
| AGE | 62 years, 9 months, 4 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | W. G. Green |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Keziah Andrews |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W Miles

(Address) 813 Woodward

Filed 9/4 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Sept. 1908

that I last saw h Cr alive on Sept. 1 1908

and that death occurred, on the date stated above, at 11.3

a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Apoplexie

(DURATION) DAYS

(Signed) R. A. Fraser M.D.

Address 873 N. Loudon

Date Sept 4 1908

Place of Burial Mount Olivet

Date September 6 1908

Undertaker William J Tucker

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

Dr Warren Lombard & Parker

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 15361

C15361

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kleiner

Residence, Give Street and Number,

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH ..... 1

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hellyday.

(Address) BAY VIEW ASYLUM.

Filed 9/4 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 2, 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to Sept. 2, 1908.

that I last saw h[illegible] alive on Sept. 2 1908

and that death occurred, on the date stated above, at 6.40 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary & Kidney Tuberculosis (DURATION) ..... DAYS

(Signed) W. H. Cohen M. D.

Address Bay View Hospital

Date Sept. 3, 1908.

Place of Burial Sacred Heart

Date Sept. 4" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15362

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

79

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15362

City of Baltimore, (No. 740, Roland Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Bennett.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: September 25 1879 (Month) (Day) (Year) | |
| AGE: 28 years, 11 months, 7 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single | |
| BIRTHPLACE (State or country): Maryland | |
| FULL NAME OF FATHER: L. O. Bennett. | |
| BIRTHPLACE OF FATHER (State or country): Md | |
| MAIDEN NAME OF MOTHER: Cornelia Hershey | |
| BIRTHPLACE OF MOTHER (State or country): Pa. | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. M. Bennett

(Address) 740 Roland Ave

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 2 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 2 1908 that I last saw h er alive on Sept 1 1908, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of Heart - dilatation of
Indefinite (DURATION) DAYS
Contributory Exhaustion
(DURATION) DAYS

(Signed) R. B Norment M. D.

Sept 2 1908 (Address) 3543 Clifton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cem. | Sept 4 1908 |
| UNDERTAKER | ADDRESS |
| W. J. Fulwiler & Son | Lanvale & Preath |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C15363 Registered No. B C15363

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 622 W. Lombard St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Ethel Smith

{Residence, if in Baltimore, Give Street and Number.} 837 Hollins St

Duration of Residence in Baltimore. 36 hrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 2 1908

AGE: ..... years, ..... months, 36 hours

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ ——

BIRTHPLACE (State or country): Md-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: Ethel Smith

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brown

(Address) 837 Hollins St

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 3 1908 that I last saw him alive on Sept 3 1908, and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

Premature

(DURATION) ..... DAYS

Contributory (Primary.) Prematurity

(DURATION) ..... DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date Sept 4 1908

Place of Burial Western Cem.

Date Sept 4 1908

Undertaker Chas E. Francis

Address 746 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, and the ***cause and date of death***.

C15364

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15364

City of Baltimore, (No. 10 Marriott St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond H. Schade

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: W. White

DATE OF BIRTH: August 31 1904 (Month) (Day) (Year)

AGE: 4 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry C. Schade

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Era De Luna

BIRTHPLACE OF MOTHER (State or country): New Orleans La

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Schade

(Address) 10 Marriott St

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 1 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 2 1908 that I last saw h[illegible] alive on 9. 2. 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 21 DAYS

Contributory Myocarditis

(DURATION) 3 DAYS

(Signed) Joseph Hart M. D.

9. 3 1908 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 4 1908

UNDERTAKER: Dyer Bros — ADDRESS: 428 Frederick [illegible]

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward C15365 Registered No. B C15365

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 6 131 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard M. Reinhold

{Residence, if in Baltimore, Give Street and Number.} 131 N. Rose St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 28th 1907

AGE ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Richard M. Reinhold

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Helen M. Wisnusek

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard M. Reinhold

(Address) 131 N. Rose St

Filed 9/4 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 2 1908 that I last saw h— alive on Sept 2 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

10 Dys — (DURATION) ..... DAYS

Contributory (Primary) Convulsions

1 Dy — (DURATION) ..... DAYS

(Signed) J. C. Bruce M.D.

Address 125 S. Bond

Date Sept 3/08 1908

Place of Burial 5 & Ger. Ref. Cem.

Date 9/4/08 1908

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C15366

C15366

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1510 W. Fayette St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Polk Dillehunt

{ Residence, if in Baltimore, Give Street and Number. } 1510 W. Fayette St

Duration of Residence in Baltimore. 53 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR white.

DATE OF BIRTH in year 1855

AGE 53 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Dillehunt

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth Kriel.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Scott Dillehunt.

(Address) 1510 W. Fayette,

Filed 9/4 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 2 1908 that I last saw him alive on Sept 2 1908, and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Sept 3 1908

Place of Burial Western Cemetery.

Date Saturday Sept. 5 1908.

Undertaker Geo. Smith & Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

C15367

Ward 14 C15367 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 221. N. Vincint street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Keilda Franklin ✓

{Residence, if in Baltimore, Give Street and Number.} 221. N Vincint. St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 29 — 1908

AGE — years, — months, 35 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Louis Franklin

BIRTHPLACE OF FATHER (State or country) not known

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Young

(Address) 220 N Vincint st

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 2 1908 that I last saw h.r alive on Sept 2 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 24 DAYS

Con'ributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Lafayette

Date Sept 3 — 1908

Place of Burial Nat Auburn Cemetery

Date Sept 4 1908

Undertaker Geo H Hooper

Address 609 Little Pacca St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15368

105

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. BC15368

City of Baltimore, (No. 4 N. Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Babie Tevulsue

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: December (Month) ..... (Day) 1907 (Year)

AGE: ..... years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Simon Tevulsue

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Tevulsue

(Address) 4 N. Exeter St.

Filed 9/4 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from on Sept 4 1908 to ..... 190..... that I last saw h[e] alive on Sept 4th 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 7 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. W. Carman M. D.

Sept 4 1908 (Address) John H. Johnson Dis.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lebanon Randale — DATE OF BURIAL: Sept 4, 1908

UNDERTAKER: Max Levine — ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C15369 — Registered No. C 15369

# CERTIFICATE OF DEATH

104

(Place of Death.) No. Aspuelle Kanicka 2106 Eastern ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name

Residence, Give Street and Number, 2106 Eastern ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH: 1

AGE: 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Ladislaus Kanicki

BIRTHPLACE OF FATHER (State or county): Russia Poland.

MAIDEN NAME OF MOTHER: Polonia Kalinowska

BIRTHPLACE OF MOTHER (State or county): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paloma Kanicka

(Address) 2106 Eastern Ave

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from aug 29 1908 to Sept 2 1908

that I last saw h-er alive on Sept 2 1908

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate,)

acute gastritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J J Valentine M. D.

Address 16 1 Broadway

Date Sept 2 1908

Place of Burial Holy Rosary

Date Friday Sept 4 1908

Undertaker W F Sadowski

Address 403 S Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d U give "S

SEX

DATE

AGE

SINGL WI-O

BIRTH (State

FULL OF F

BIRTH OF F (State

MAID OF M

BIRTH OF M (State

OCCU OF D

THE BEST (Infor

Filed 9/

Ward 10 C15370 Registered No. B C15370

# CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Vincent St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jamdy. Gibson.

{Residence, if in Baltimore, Give Street and Number.} 936. Vincent St.

Duration of Residence in Baltimore. 13 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR C

DATE OF BIRTH Jan 10th 1867

AGE 41 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) St Marys Co Md.

FULL NAME OF FATHER Jno. Gibson.

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Lucy Hancock.

BIRTHPLACE OF MOTHER (State or country) St Marys Co.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dan Gilburne

(Address) 936 Vincent St

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1908

I HEREBY CERTIFY, That I attended deceased from July 6th 1908 to Sept 1st 1908 that I last saw h alive on Sept 1st 1908 and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis.

8 months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Dr W. D Hammett M.D.

Address 690 N Fremont St

Date Sept 3rd 1908

Place of Burial Mt Auburn Cemetery

Date 2/1/4 1908

Undertaker Dan H Foster

Address 619 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 (~~15365~~) Registered No. B ~~C15369~~ C15371

# CERTIFICATE OF DEATH. 1908

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Wesley Berry

{Residence, if in Baltimore, Give Street and Number.} Fairmount Somerset Co Md

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 65 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nellie Waters

(Address) Summerset Co Md

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from Augt 23 1908 to Sept 4 1908 that I last saw h~~im~~ alive on Sept 3 1908, and that death occurred, on the date stated above, at 12-40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart

~~Syncope~~

(DURATION) 1 day

Contributory (Primary.) Aortic & Mitral Insufficiency (DURATION) 3 Years

(Signed) L J Roll M.D.

Address University Hospital

Date Sept 4th 1908

Place of Burial Fairmount Somerset Co Md

Date Sept 4th 1908

Undertaker Alex Hendlay

Address 57 & 59 Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

HEALTH DEPARTMENT, City of Baltimore. C15372

C15372

Registered No. C

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Samuel E Hart

Residence, Give Street and Number, St. Vincents Infant Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH 1

AGE ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 9/4 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 3 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 1 190 8 to Sept. 3 190 8

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) E N Keayvan M. D.

Address 1730 N Carolina st

Date Sept. 4 190 8

Place of Burial New Cathedral

Date Sept 4 190 8

Undertaker Martin Fahey Sons

Address 606 Eastern Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C15373

Registered No. C 15373

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Hart.

Residence, Give Street and Number, St. Vincents Infancy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1907

AGE ... years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy. Asy.

(Address) .....

Filed 9/14 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 2 1908

that I last saw h alive on ... 1908

and that death occurred, on the date stated above, at ... A. M. CAUSE OF DEATH (Secondary or Immediate,)

1 Marasmus

.....

.....

.....

.....(DURATION).....DAYS

Contributory (Primary) .....

.....(DURATION).....DAYS

(Signed) E H Kenyon M. D.

Address 1230 N Carrollton Ave

Date Sept. 4 1908

Place of Burial Penn Cathedral

Date Sept 4 1908

Undertaker Martin Feeley & Son

Address 606 Lafayette Ave

Remarks .....

.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C15374

Registered No. C 15374

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Dean

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR Clr.

DATE OF BIRTH 1907

AGE years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 9/4 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 2 1908

that I last saw h er alive on 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Heyman M. D.

Address 1230 N Caroline

Date Sept. 3 1908

Place of Burial New Cathedral

Date Sept 4 1908

Undertaker Martin Bahn & Sons

Address 606 N Gay Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15375 114

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Carello

Residence, Give Street and Number, St Vincents Infy Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/4 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 2 1908

that I last saw h im alive on " " 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E. H. Heyman M. D.

Address 1230 N Caroline

Date Sept. 3 1908

Place of Burial Cathedral

Date Sept 4 1908

Undertaker Frohny Bros

Address 600 Lafayette Ave

Remarks .....

Ward 18 C15376 Registered No. B C15376

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Seminary Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Devan

{ Residence, if in Baltimore, Give Street and Number. } 808 W. Mulberry St

Duration of Residence in Baltimore. life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 26th 1886

AGE: 22 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John T Devan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Drug Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Devan

(Address) 808 Mulberry St

Filed 9/4 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 3 1908 that I last saw h alive on Sept 3 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

1. Peritonitis

(DURATION) 30 hrs.

Contributory (Primary) Typhoid fever (DURATION) DAYS

(Signed) W. Cole Davis M.D.

Address St Josephs Seminary Hosp

Date Sept 3 1908

Place of Burial Green Mt Cathedral

Date Sept 7th 1908

Undertaker M Foley & Sons

Address 606 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 (C15376) Registered No. B C15377

179.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sopha Dombrowska

{ Residence, if in Baltimore, Give Street and Number. } 1802 Thames

Duration of Residence in Baltimore. 18 years C15377

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 5 1854

AGE: 54 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Michal Dombrowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Lantz

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Lower Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zborowska

(Address) 1802 Thames St

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler M.D.

Address 329 N Greene St

Date Sept 4th 1908

Place of Burial Holy Rotary

Date Sept 7 1908

Undertaker Joseph Zborowski

Address 1703 Eliza Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, *sex*, *age*, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 13 C15378 Registered No. B C15378

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3509 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T. Sennet

{Residence, if in Baltimore, Give Street and Number.} 3509 Chestnut Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | June 28th 1908 |
| AGE | ..... years, 2 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Howard C. Sennet |
| BIRTHPLACE OF FATHER (State or country) | Queen Anns Co. Md. |
| MAIDEN NAME OF MOTHER | Agnes Chisolm |
| BIRTHPLACE OF MOTHER (State or country) | Balto. Md. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard C. Sennet

(Address) 3509 Chestnut ave.

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept-2 1908 that I last saw h im alive on Sept-2 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Thanston

(DURATION) — DAYS

Con tributory (Primary.) Inanition

(DURATION) — DAYS

(Signed) Harry C Algire M.D.

Address 346 Roland Ave

Date Sept 4 1908

Place of Burial Mount Carmel Cem.

Date SEP 5 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C15379

Registered No. B C15379

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 420 S Ann St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Henry & Ella Ehrlich

{ Residence, if in Baltimore, Give Street and Number. } 420 S Ann St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, ..... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/4 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 .... to — 190 ....

that I last saw h .... alive on .... 190 ....,

and that death occurred, on the date stated above, at ....

.... M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

.... (DURATION) .... DAYS

Contributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) Thomas Ludlow Cumm M.D.

Address 320 N Greene St.

Date .... 190 ....

Place of Burial JOHNS HOPKINS HOSPITAL SEP 4 - 1908

Date .... 190 ....

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address ....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

151

Ward 12 C15380 Registered No. B C15380

155

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2730 Bernard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daisy Irene Griffith,

{Residence, if in Baltimore, Give Street and Number.} 2730 Bernard St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 6 1890

AGE: 18 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo Ensip

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philemon Griffith

(Address) 2730 Bernard St

Filed 9/4 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 3 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Carbolic acid Poisoning.

Suicide

(DURATION) DAYS

Con'ributory (Primary.) Mania during pregnancy. (DURATION) DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date September 3 1908

Place of Burial Mt Olivet Cemetery

Date Sep. 6 190 8

Undertaker Townbrook

Address 502 E Northave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C15381 Registered No. B ..... C15381

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 40 Gutman Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Wm Donald Chapman

{Residence, if in Baltimore, Give Street and Number.} 40 Gutman Ave

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 31st 1887

AGE 21 years, 5 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Salt Lake City

FULL NAME OF FATHER Frank L Chapman

BIRTHPLACE OF FATHER (State or country) Salt Lake City

MAIDEN NAME OF MOTHER Ella G Peck

BIRTHPLACE OF MOTHER (State or country) Saratoga Springs N.Y.

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank L Chapman

(Address) 40 Gutman ave

Filed 9/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to Sept 2 1908 that I last saw h.im alive on Sept 2 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Dropsy.
Kidney Trouble.
Acute Gastritis
6 months (DURATION) DAYS

Contributory (Primary.)
Cold (DURATION) DAYS

(Signed) J S Kalsey Ward M.D.

Address 154 W Mt Royal ave

Date Sept 2. 1908

Place of Burial Mt Olivet Cemetery

Date Sept 5th 1908

Undertaker Wm Cook

Address 512 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C15382 Registered No. B C15382

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Christian Mayer

{Residence, if in Baltimore, Give Street and Number.} 601 Oxford Ave,

Duration of Residence in Baltimore. 23 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWER OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flora Mayer

(Address) 601 Oxford Ave

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1908 to Sept. 3 1908 that I last saw him alive on Sept. 3 1908, and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Paralysis and Senile debility (DURATION) — DAYS

(Signed) L. R. Leskiles M.D.

Address Md. Homeopathic Hosp.

Date Sept. 3 1908.

Place of Burial Baltimore Cemetery

Date Sept 6th 1908

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15383 Registered No. B C15383

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 528 Hickory Ave.

Duration of Residence in Baltimore. 56 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 11 1853

AGE: 55 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Morris Fitzpatrick

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: McDonald

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Fitzpatrick

(Address) 528 Hickory Ave

Filed 9/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to Sept 4 1908 that I last saw him alive on Sept 4, 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of Heart.

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation. (DURATION) unknown DAYS

(Signed) E. H. Streett M.D.

Address 2nd Gen'l Hospital

Date Sept 4 1908

Place of Burial St Mary's

Date Sept 5 1908

Undertaker T S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15384 Registered No. B C15384

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 223 West Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Gross

{Residence, if in Baltimore, Give Street and Number.} 223 West Preston St.

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2, 1837

AGE: 71 years, 3 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Francis H. Fuhrmyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Ann Casey

BIRTHPLACE OF MOTHER (State or country): Prince George Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. E. Kidd

(Address) 223 W. Preston St.

Filed 9/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Sept 2 1908 that I last saw h[er] alive on Sept 2 1908, and that death occurred, on the date stated above, at 10 m.

11. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 20 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Chas. H. Riley M.D.

Address 1113 Madison Ave

Date Sept 4 1908 190

Place of Burial Cathedral Cemetery

Date Sept. 5, 1908

Undertaker Henry W. Means Jr. & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C15385 Registered No. B ~~2 8 8~~ C15385

# CERTIFICATE OF DEATH.

93

Place of Death.) No. 928. N. Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James D. Holliday.

{ Residence, if in Baltimore, Give Street and Number. } 928, Woodyear 1st

Duration of Residence in Baltimore. Twenty five years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Holliday

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Berry

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Elizabeth Holliday

(Address) 928 Woodyear St

Filed 9/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3rd 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Sept 3rd 1908 that I last saw him alive on Sept 2nd 1908, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pericarditis, and Pneumonia, Pericarditis (DURATION) 3 — DAYS

Contributory (Primary.) Pneumonia, Pneumonia (DURATION) 39 DAYS

(Signed) J. Allison Dent M.D.

Address 1602. Penna. ave,

Date Sept 3 1908

Place of Burial St Peters

Date Sept 5 — 1908

Undertaker R. F. Elliott

Address 1526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...City of Baltimore.

Ward 10 Registered No. B C15386

# CERTIFICATE OF DEATH.

27

(Place of Death.) No 2320 Riggs Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Doyle

{ Residence, if in Baltimore, Give Street and Number. } 2320 Riggs Av

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1836

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): N. Y

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Flanigan

(Address) 2320 Riggs Av

Filed Sept 5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

...(DURATION)... DAYS

Contributory (Primary.) Intercostal

one year (DURATION) DAYS

(Signed) Silas Bartram M.D.

Address Two Log. Ave. (Comm.)

Date Sept. 4th 1908

Place of Burial National Cemetery

Date Sept 5th 1908

Undertaker Enstine Fahey & Sons

Address 6068 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 015387

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Allegheny St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Small

{ Residence, if in Baltimore, Give Street and Number. } S. E Cor. of Bank and Gough Sts

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1856

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Fahey & Sons

(Address) 606 N. Lafayette Ave

Filed Sept 15 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dysentery

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 h Aisquith St

Date 190

Place of Burial Phila Pa

Date Sept 4 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 — Registered No. B C15388

C15388

# CERTIFICATE OF DEATH.

50

(Place of Death.) No. 1025 S. Sharp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Frank.

{Residence, if in Baltimore, Give Street and Number.} 1025 S. Sharp St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: Feby 5. 1857

AGE: 51 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Jno. Paul. Frank

BIRTHPLACE OF FATHER (State or country): Germany -

MAIDEN NAME OF MOTHER: Barbary Keck.

BIRTHPLACE OF MOTHER (State or country): Germany -

OCCUPATION OF DECEASED: Cooper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jno Frank.

(Address) 1025 S. Sharp St.

Filed 9/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 4 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Sept 4 1908

that I last saw h alive on Sept. 4 1908

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

Since before 7/20/08 (DURATION) — DAYS

Contributory (Primary.)

Asthenia (DURATION) 14 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S Sharp St

Date Sept 4 1908

Place of Burial London Park Cem

Date Sept 7 1908

Undertaker Wm & Wm John H Deufel

Address 801 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 015389 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 3 N. Schroeder St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Minnie Larsen

{Residence, if in Baltimore, Give Street and Number.} 3 N. Schroeder St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Feb 1857

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER L. Wm. Ruppert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Merle

(Address) 935 N Fayette St

Filed 9/6 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 190 8

I HEREBY CERTIFY, That I attended deceased from May 10 190 8 to Sept 4 190 8

that I last saw h alive on Sept 3 190 8

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

Mos (DURATION)

Contributory (Primary) Ascites (DURATION)

(Signed) H Howard M.

Address 939 N Fayette St

Date Sept 4 190

Place of Burial Mt. Carmel Cemetery

Date Sept 6 th 1908

Undertaker H. La. Branning & Son

Address 5 N Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15390 Registered No. B C15[illegible]

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. 519 N. Luzern St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Brenner

{ Residence, if in Baltimore, Give Street and Number. } 519 N. Luzern st

Duration of Residence in Baltimore. 50 year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 1st 1849

AGE: 58 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Stadler

(Address) 519 N. Luzern St

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1908

I HEREBY CERTIFY, That I attended deceased from July 26th 1908 to Sept 3d 1908 that I last saw h er alive on Sept 3d 1908, and that death occurred, on the date stated above, at 9 30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Liver

(DURATION) 38 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Sturgwood M.D.

Address 5 N. Washington av.

Date September 3d 1908

Place of Burial Trinity Cemetary

Date September 6 1908

Undertaker Christian Miller

Address 2336 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15391 Registered No. B C15391

# CERTIFICATE OF DEATH.

8.

(Place of Death.) No. 1500 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Name Andrew Jackson Cashell Jr.

{ Residence, if in Baltimore, Give Street and Number. } 1500 W. Mulberry st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH may 29th 1908

AGE — years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER A. Jackson Cashell

BIRTHPLACE OF FATHER (State or country) Montgom. Co Md

MAIDEN NAME OF MOTHER Agusta H. Mabbit

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Jackson Cashell

(Address) 1500 W mulberry

Filed 9/5 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Sept 4 1908

that I last saw him alive on Sept 4 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping Cough

(DURATION) 15 DAYS

Con tributory (Primary) Heart failure

(DURATION) 1 DAYs

(Signed) G. W. Slater M.D.

Address 1703 W. Dayton St.

Date Sept. 4th 1908

Place of Burial London Park Cem

Date September 5 1908

Undertaker Jos B Cook

Address 1003 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15392 Registered No. B 119

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 ~~S~~ Shields alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adelle Griffin

{Residence, if in Baltimore, Give Street and Number.} 1044 Shields ave

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | Black |
| DATE OF BIRTH | May 29 1888 |
| AGE | 20 years, 3 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. |
| FULL NAME OF FATHER | Howard Griffin |
| BIRTHPLACE OF FATHER (State or country) | Baltimore |
| MAIDEN NAME OF MOTHER | Rebecca Norris |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | Housework |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Dyer

(Address) 1044 Shields ave

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 3 1908

that I last saw her alive on Sept 1 1908

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH, (Secondary or Immediate.)

Convulsions + Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 33 DAYS

(Signed) C O Dacres M.D.

Address 923 N Carrollton ave

Date Sept 3rd 1908

Place of Burial Mt Olivet

Date Sept 6 1908

Undertaker Wm J Johnson

Address 674 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C15393 Registered No. B

# CERTIFICATE OF DEATH. 119

(Place of Death.) No. 2013 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Davis

{ Residence, if in Baltimore, Give Street and Number. } 2013 Brunt St.

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Col'd.

DATE OF BIRTH: 1872

AGE: 36 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co.

FULL NAME OF FATHER: Saml Davis

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Fannie Cox

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Davis

(Address) 842 Stockholm St.

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept. 4 1908 that I last saw h.. alive on Sept. 3 1908, and that death occurred, on the date stated above, at 11 o A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) Gen. debil (DURATION) ..... DAYS

(Signed) T. E. Daugherty M.D.

Address 1442 Presstman St.

Date Balto. Sept - 4 1908

Place of Burial Mt Auburn

Date Sept 6 1908

Undertaker Wm J. Johnson

Address 614 W Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED [illegible]

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C15394

123

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1327 Bolton St

St. Charles N. Coxman

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles N. Coxman

Residence, Give Street and Number, 1327 Bolton St.

Duration of Residence in Baltimore, Baltimore fifty years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: November 23rd 1825

AGE: 82 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Queen Anne Co Maryland

FULL NAME OF FATHER: John A.

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Mary A Edmonston

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L M Coulter Jr

(Address) 1327 Bolton St

Filed 9/5 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Sept 3 1908

that I last saw him alive on Sept 28 1908

and that death occurred, on the date stated above, at 8 30 am

CAUSE OF DEATH (Secondary or Immediate,)

Infarction Jaded ope (DURATION) ..... DAYS

Contributory (Primary) Septic Cystitis. (DURATION) 8 DAYS

Since my last-

(Signed) Eshmeyer M. D.

Address 821 W. Lafayette Ave

Date Sept 3 1908. 190

Place of Burial Greenmount

Date September 5 1908

Undertaker J.Y.W. Perkins Bond Co

Address 800 W. Madison St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15395 Registered No. B C15395

64

# CERTIFICATE OF DEATH.

(Place of Death.) No Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick W. Hemmyer

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 12" 1853

AGE: 55 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Fred. W Hemmayer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Silversmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday

(Address) BAY VIEW ASYLUM Sub.

Filed 9/5-8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 4 1908 that I last saw him alive on Sept 4 1908, and that death occurred, on the date stated above, at 4 05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Brain

(DURATION) 12 hours

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date September 4 1908

Place of Burial Baltimore Cem

Date Sept 6" 1908

Undertaker Geo W. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15396 Registered No. B C15396

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1312 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Aaron G. Simmons

{Residence, if in Baltimore, Give Street and Number.} 1312 Greenmount ave.

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 29 1840

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Sarah Gladfelter

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mina L. Simmons

(Address) 1312 Greenmount Ave

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Sept 4th 1908 that I last saw h[e] alive on Sept 4th 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peace M.D.

Address 1238 Eutaw

Date Sept 4 1908

Place of Burial National Mem

Date Sept 6/08. 190

Undertaker Jno Koch

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15397 Registered No. B

# CERTIFICATE OF DEATH.

97

(Place of Death.) No. 828 Bradley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Catharine Johnson

{Residence, if in Baltimore, Give Street and Number.} 828 Bradley St

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 68 yrs. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Caroline Banks

(Address) 1020 Wilmot al.

Filed 9/5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on.....1908.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion + General debility

.....(DURATION).....DAYS

Con'tributory (Primary.) Asthma

.....(DURATION).....DAYS

(Signed) Silas Baldwin M.D.

Address 700 Eaf. Av. (Canton)

Date Sept 6. 1908

Place of Burial Mt Auburn Cem

Date Sept 5th 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15398 Registered No. B .....

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1944 Druid Hill Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ethel M. Rundle

{ Residence, if in Baltimore, Give Street and Number. } 1944 Druid Hill Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Fem. | Colored |

DATE OF BIRTH: Nov 1

AGE: 16 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: John R. Rundle

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rosa Seals

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Rundle

(Address) 1944 Druid Hill Ave.

Filed 9/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inflammation of Brain
(Meningitis)

(DURATION) 8 DAYS

Con'ributory (Primary.) Concussion from accidental fall (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Av. (Comm.)

Date Sept 5. 4 PM 1908

Place of Burial Alexandria Va

Date Sept 5th 1908

Undertaker Alex Hensley

Address 518 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 10 C15399 Registered No. C

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 915 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C Clifford

Residence, Give Street and Number, 915 E Preston St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH March 5 1907

AGE 1 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) City

FULL NAME OF FATHER John C Clifford

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Maggie C Clifford

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. John C Clifford

(Address) 915 E Preston St

Filed 9/5 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 4th 1908

that I last saw h— alive on Sept 4th 1908

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) DAYS

Contributory (Primary) Gastro-intestinal intoxication

(DURATION) 3 DAYS

(Signed) J. M. Lynch M. D.

Address 938 S Broadway

Date Sept 4 1908

Place of Burial St. Vincent Cemetery

Date Sept. 5 1908

Undertaker Henry Stockslager

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH D...

Ward 18

C15400

C15400 Registered No. B C15...

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1200 N. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P Dailey

{ Residence, if in Baltimore, Give Street and Number. } 265 S. Carrollton ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH ..... 1...

AGE 42 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Daily

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kate Hughes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Lombard

Filed 9/5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C...

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. La Fayette

Date Sept. 3. Coroner 1908

Place of Burial New Cathedral

Date Sept 7th 1908

Undertaker John J. Fields

Address 1200 N. Lombard ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C15401

Registered No. C C15401

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2418 Oak St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dilla Banks

Residence, Give Street and Number, 2418 Oak St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Real

DATE OF BIRTH December 23 1907

AGE ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Jessie Banks

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Virginia Tennessee

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Creighton Burley

(Address) Stamford Conn

Filed 9/5 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 4. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 4 1908

that I last saw h- alive on Sep. 3 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) 60 DAYS

Contributory (Primary) Marasmus

Due to, Dulcing off the Breast. (DURATION) 60 DAYS

(Signed) Creighton Burley M. D.

Address Stamford Conn

Date Sept 4 th 1908

Place of Burial Laurel (Del)

Date Sept 5 1908

Undertaker Sam'l R. Bradshaw

Address 1400 Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. C 15402

C15402

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Lee Newman

Residence, Give Street and Number, 1400 Riggs Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored.

DATE OF BIRTH March 15th 1908

AGE ____ years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm H. Newman

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Emma Thompson

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Newman

(Address) 1400 Riggs ave

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 31st 1908 to Sept 4th 1908

that I last saw her alive on Sept 3rd 1908

and that death occurred, on the date stated above, at 2.00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAY

Contributory (Primary) Diarrhoea & Enteritis (DURATION) 21 DAYS

(Signed) Geo. H. Lauenbach M. D.

Address 635 Mosher St.

Date Balto Md Sept 4th 1908

Place of Burial Mt Auburn Cem

Date Sept 5 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

Remarks ____

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. BC15403

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 104 Eighth Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha E. Weighoff.

{Residence, if in Baltimore, Give Street and Number.} 104 Eighth Street

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 4 1908

AGE ~ years, ~ months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Francis M Weighoff

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth M Schaudin

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Francis Weighoff

(Address) 104 Eight St

Filed Sept 5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 4 1908

that I last saw h alive on Sept 3 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) None

(DURATION) DAYS

(Signed) Geo W Mahle M.D.

Address 1903 W Baltimore St.

Date Sept 4 1908

Place of Burial Western Cemetery

Date Sept 6 1908

Undertaker Mrs Geo P. Paulsen

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C15404

42

# CERTIFICATE OF DEATH.

(Place of Death.) No. 132 S. Patterson Pk Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Klatte

{Residence, if in Baltimore, Give Street and Number.} 132 S. Patterson Pk Ave

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Aug 11 1908

AGE 57 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Herman Klatte

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Da Klatte

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L Hughes Pr H & H

(Address) 132 S Patterson Park Av

Filed Sept 5 1908

MARY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from Mch 1 1908 to Sept 4 1908 that I last saw her alive on Sept 3 1908 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma B
Uterus

(DURATION) 188 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Balt. St.

Date Sept 4 1908

Place of Burial Mt Carmel Cemetery

Date Sept 6th 1908

Undertaker H & H Hughes

Address 175 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15405

# CERTIFICATE OF DEATH.

(Place of Death.) No. 132 E. Patterson Park Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Catherine Margaret Klatte

{Residence, if in Baltimore, Give Street and Number.} 132 E. Patterson Park Ave

Duration of Residence in Baltimore. 60

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 90 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): East Friesland Germany

FULL NAME OF FATHER: Capt. F Peters

BIRTHPLACE OF FATHER (State or country): East Frisland

MAIDEN NAME OF MOTHER: Folken Frey

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. A. Hughes 17 S Broadway

(Address)

Filed Sept 6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Sept 3 1908 that I last saw her alive on Sept 3 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

causing respiratory failure

(DURATION) 34 DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) G. C. Rinaldi M.D.

Address 1111 E. Baltimore St

Date Sept 4 1908

Place of Burial Mt Carmel Cemetery

Date Sept 6th 1908

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. BC15406

# CERTIFICATE OF DEATH.

6

(Place of Death.) No. 519 Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Ennis

{ Residence, if in Baltimore, Give Street and Number. } 519 Bruce St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall | COLOR: Col

DATE OF BIRTH: Aug 30th 1905

AGE: 3 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John A Ennis

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Edna Scott

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ennis

(Address) 519 Bruce St

Filed Sept 5 1908

HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1908 to Sept 5th 1908 that I last saw h... alive on Sept 4th 1908, and that death occurred, on the date stated above, at 5:00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

2 weeks (DURATION) DAYS

Contributory (Primary.) Whooping-Cough

1 week (DURATION) DAYS

(Signed) W. Dr. Kennett M.D.

Address 135 N Fulton Ave

Date Sept 5th 1908

Place of Burial Mt. Zion

Date Sept 5th 1908

Undertaker Alfred J. Friedman

Address 106 N Schroeder St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C15407

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred A. Watts

{Residence, if in Baltimore, Give Street and Number.} 1613 Orleans St. Balto.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: Not known 1858

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wesley Watts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Watts

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Wood Seller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Johnson

(Address) 1708 Orleans St.

Filed Sept 5th 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1908 to Sept. 2 1908

that I last saw h[illegible] alive on Sept. 2 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy Had two strokes within the last two months This last stroke lasted (DURATION) 6 hours DAYS

Con'tributory (Primary.) Probably Arteriosclerosis (DURATION) 2 Months DAYS

(Signed) J. D. Talkin M.D. M.D.

Address 4031 N. Broadway

Date Sept. 2nd 1908

Place of Burial Antioch Cem

Date Sept 6 1908

Undertaker R A Elliott

Address 3-0 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 15408

City of Baltimore, (No. 205 East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Wilson

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | Oct (Month) 22 (Day) 1893 (Year) |
| AGE | 15 years, 10 months, 11 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Wm J Wilson |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Clara E Watkins |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | School Girl |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 205 East 20

Filed Sept 5 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 3rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Sept 3rd 1908 that I last saw h[illegible] alive on Sept 2nd 1908, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Meningitis
Pardegris

(DURATION) 22 DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) Dana J Bell M. D.

Sept 5th 1908 (Address) 1516 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cem | Sept 6 1908 |
| UNDERTAKER | ADDRESS |
| R A Elliott | 506 Rutger Av |

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 Registered No. B C15409

47

# CERTIFICATE OF DEATH.

(Place of Death.) No. 417 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie McKim

{Residence, if in Baltimore, Give Street and Number.} 417 Druid Hill ave.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Talbot Co. Md.

MAIDEN NAME OF MOTHER Annie Dixon

BIRTHPLACE OF MOTHER (State or country) Talbot Co. Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnson McKim

(Address) 417 Druid Hill ave

Filed Sept 5th 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Sept 4th 1908 that I last saw h alive on Sept 4th 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac exhaustion of acute rheumatic endocarditis (valvular)

(DURATION) about 10 DAYS

Con'tributory (Primary.) Acute articular rheumatism (DURATION) 18 DAYS

(Signed) Chas. J. Keller, M.D.

Address 722 W. Monument St

Date Sept. 5th 1908

Place of Burial Zion Cemetery

Date September 7 1908

Undertaker Felix Boyle

Address 1026 Mulberry

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 Registered No. B C15410

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 627 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bolestaw Ruczynski

{ Residence, if in Baltimore, Give Street and Number. } 627 S. Bond, St.

Duration of Residence in Baltimore. 4 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 22 years, mo months, mo days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Poland. |
| FULL NAME OF FATHER | Stanislaus Ruczynski |
| BIRTHPLACE OF FATHER (State or country) | Poland. |
| MAIDEN NAME OF MOTHER | (Agnes). Kalay |
| BIRTHPLACE OF MOTHER (State or country) | Poland. |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Spenik

(Address) 627 S. Bond, St.

Filed Sept 5 1905

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1905

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial Holy Rosary

Date Sept. 6 190

Undertaker William Jastkowski

Address 426 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15411 Registered No. B

# CERTIFICATE OF DEATH.

14

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carleton Ayler

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: William Ayler.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mariah Boyer

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. B. Burton

(Address) Brandy Station Va.

Filed 9/6" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 4 1908 that I last saw h~~im~~ alive on Sept 4 1908, and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gatch, M.D.

Address Johns Hopkins Hospital

Date Sept 5 1908

Place of Burial Culpepper Co Brandy Station Va

Date Sept 6 1908

Undertaker Robert E Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Baltimore. C15412

Ward 11 4 C15412 Registered No. B

# CERTIFICATE OF DEATH.

136

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada M Dill

{ Residence, if in Baltimore, Give Street and Number. } Martin Kent Co Md.

Duration of Residence in Baltimore. 1 Day

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan - 11th 1885

AGE 23 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Rock Hall Md.

FULL NAME OF FATHER Capt J. K. Middleton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Hester Middleton

BIRTHPLACE OF MOTHER (State or country) Md-

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hillman Dill

(Address) Martin Md -

Filed 9/6" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 5 1908 that I last saw h[illegible] alive on Sept 5 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Placenta Previa Let.
Hemorrhage Uterine.
Abortion.

(DURATION) 5, DAYS

Contributory (Primary) Placenta Previa Let.

6 months (DURATION) DAYS

(Signed) Frank W Smith M.D.

Address Fairlee Md

Date Sept 5 1908.

Place of Burial Tolchester Beach Md.

Date Sept - 6 th 1908

Undertaker Wm H Gaut[illegible]

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C15413

Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1601 N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel W Hoff

{Residence, if in Baltimore, Give Street and Number.} 1601 N Mount St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 12th 1831

AGE 76 years, 11 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob Hoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Adaline Witney

BIRTHPLACE OF MOTHER (State or country) Boston Mass

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Henry C. Shirley

(Address Park Heights ave

Filed 9/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from May 9. 1908 to Sept 4 1908 that I last saw him alive on Sept 3 1908 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) DAYS,

Contributory (Primary.) Pleurisy Chronic

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton ave

Date September 5. 1908

Place of Burial Greenmount City

Date Sept. 6th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Av.

WM. J. C. DULANY CO., BALTIMORE.

Dr Shannon
Fulton & Edmondson

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15414

Ward 14 C15414 Registered No. B

# CERTIFICATE OF DEATH.

29

(Place of Death.) No. 337 W Preston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M Schnyer

{Residence, if in Baltimore, Give Street and Number.} 337 W Preston St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 19th 1880

AGE 28 years, 2 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James M Schnyer

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Vista Steele

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Ticket Agent-B.&O.R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Vista Schnyer

(Address 337 W Prestman St

Filed 9/6 1908 HARRY O. ANDREWS, CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4 1908

I HEREBY CERTIFY, That I attended deceased from June - 1908 to Sept 4 1908 that I last saw h alive on Sept 4 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

(DURATION) DAYS

Contributory (Primary.) Tuberculosis peritonitis

(DURATION) 6 mos DAYS

(Signed) Alexius McGlannan M.D.

Address 2000 Madison Ave.

Date Sept. 5 1908

Place of Burial Druid Ridge City.

Date Sept 7th 1908

Undertaker Sherwood & Mowen Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

alt Dr. McGlannan 2005 Madison

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C15415

C15415

# CERTIFICATE OF DEATH.

93

Place of Death.) No. 1530 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wesley McGrath

{ Residence, if in Baltimore, Give Street and Number. } 1530 Argyle ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH 19 March 1908

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Grady

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Georgia McGrath

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rogers

(Address) 1530 Argyle ave

Filed 9/6 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 31 1908 to Sept 4th 1908 that I last saw h— alive on Sept 2nd 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Mary Corkwell Willis M.D.

Address Medical Agency, Amer

Date Sept. 5th 1908

Place of Burial Cathedral

Date Sept 6th 1908

Undertaker Hammett Wright

Address 1364 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C15416

C15416

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. Pear Light 7 Haf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hellen Modrak (Modrak)

{Residence, if in Baltimore, Give Street and Number.} 1625 Thames st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Vincent Modrak

BIRTHPLACE OF FATHER (State or country): German Poland

MAIDEN NAME OF MOTHER: Katie Malowska.

BIRTHPLACE OF MOTHER (State or country): German Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Katie Modrak.

(Address) 1625 Thames St

Filed 9/6 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comm M.D.

Address 320 ½ Greene St.

Date Sept 5" 1908

Place of Burial Holy Rosary.

Date Sunday Sept 6" 1908

Undertaker M. F. Sadowski.

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C15417 Registered No. B C15417

# CERTIFICATE OF DEATH. 170

(Place of Death.) No. 10 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Kane

{Residence, if in Baltimore, Give Street and Number.} 10 E. York St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR W

DATE OF BIRTH ——— 1838

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married —

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Kane.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kane

(Address) 10 E. York St.

Filed 9/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to Sept 1908, that I last saw him alive on Sept 1st 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Bright's Disease (DURATION) One Year ~~DAYS~~

(Signed) A. Ekenbrack M.D.

Address 1412 Light St

Date Sept 5th 1908

Place of Burial New Cathedral Cem.

Date Sept. 7. 1908

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7th — C15418 — Registered No. C C15418

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1319 Lig ht St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Nellie M Patnaude

Residence, Give Street and Number, 1319 Lig ht St (Patnaude)

Duration of Residence in Baltimore. 30 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Jan 24 '71 1888 |
| AGE | 20 years, 7 months, days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Married |
| BIRTHPLACE (State or county) | Baltimore |
| FULL NAME OF FATHER | Patrick McNulty |
| BIRTHPLACE OF FATHER (State or county) | Ireland |
| MAIDEN NAME OF MOTHER | Bessie Manly |
| BIRTHPLACE OF MOTHER (State or county) | Ireland |
| OCCUPATION OF DECEASED | H— |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Nulty

(Address) 1319 Light St

Filed 9/6 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 4th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to Sept 4 1908 that I last saw her alive on Aug 30, 1908 and that death occurred, on the date stated above, at 4. a. M. CAUSE OF DEATH (Secondary or Immediate,)

~~P Abscess~~

Asthenia

10 Months (DURATION) DAYS

Contributory (Primary) Cent. Miliary P Abscess (DURATION) DAYS

(Signed) Nathan Woolner — M. D.

Address 3112 W. North Ave

Date Sept 4, 1908

Place of Burial Cathedral Cemetery

Date Sept 7 1908

Undertaker Carl and Margt L Flynn

Address 428 W. West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 C15419 Registered No. B C15419

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecka Rivkovitz

{Residence, if in Baltimore, Give Street and Number.} 109 Aisquith (Hebrew Friendly Inn)

Duration of Residence in Baltimore. from birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 1908

AGE ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Aaron Rivkovitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Stein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Scop

(Address) 109 Aisquith

Filed 9/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept 5 1908 that I last saw her alive on Sept 5 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Gastro enteritis

2 weeks. (DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E. Baltimore St.

Date Sept 6th 1908

Place of Burial Hebrew Boundale Cemetery

Date Sept. 6, 1908

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

# HEALTH DEPARTMENT, City of Baltimore.

C15420

Registered No. C C15420

# CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No Steamer Westmoreland at Thomas Point Chesapeake Bay. St.

Full Name James Chase c

Residence, Give Street and Number, 867 Boyd St

Duration of Residence in Baltimore, 15 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dont know

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Calvert Co Md

FULL NAME OF FATHER: Frank Chase c

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Rachael —

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Chase Colored

(Address) 867 Boyd St

Filed 9/6 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Coroner

Address

Date Sept 4 1908

Place of Burial Mt. Auburn Cem Etc

Date Sept 6 1908

Undertaker John H. Toadvine

Address 1426 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15421 OFFICE OF REGISTRAR OF VITAL STATISTICS. C15421

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2856, Raynor Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adam Trulab

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March (Month) ..... (Day) 1851 (Year)

AGE 57 years, 5 months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Daiberg

(Address) 2856 Raynor ave

Filed 9/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Sept 4 1908 that I last saw him alive on Sept 4 1908, and that death occurred, on the date stated above, at 9.50 P. M. The CAUSE OF DEATH was as follows:

Cancer of the Stomach

3 months (DURATION) ..... DAYS

Contributory Exhaustion due to Cancer

Duration (DURATION) ..... DAYS

(Signed) Wm. Grant M. D.

Sept. 5 1908 (Address) 1721 N. Payson St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery | DATE OF BURIAL Sept 7 1908

UNDERTAKER William Cook | ADDRESS 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 12

C15422

Registered No. B C15422

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2511 Salem St St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma Wolf

{Residence, if in Baltimore, Give Street and Number.} 2511 Salem St

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 1 1865

AGE: 43 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Henry Wolf

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: M. Downs

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Wolf

(Address) 2511 Salem St

Filed 9/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to Sept. 5th 1908 that I last saw her alive on Sept 5th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Bright's Dis. (Nephritis) 2 to 3 Mo (DURATION) DAYS

(Signed) E. A. Smith M.D.

Address 1605 N. North Ave.

Date Sept. 5th 1908

Place of Burial Baltimore Cemetery.

Date September 7th 1908

Undertaker William Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 015423

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2325 McElderry St. — St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Maria Viola Roppelt

{ Residence, if in Baltimore, Give Street and Number. } 2325 McElderry St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 13 1902

AGE: 6 years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. H. Roppelt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Marie Eva Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Roppelt

(Address) 2325 McElderry

Filed Sept 6 1908 MARIE G. ANDREWS, CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Aug~~ Sept. 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Sept. 6 1908

that I last saw h[illegible] alive on " 5 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

1

Scarlet Fever —

5 (DURATION) DAY

Contributory (Primary.) Cardiac Failure

— (DURATION) DAY

(Signed) Chas Keen M.D.

Address 619 E Pat Park Ave

Date Sept. 6 — 1908

Place of Burial Mount Repose

Date Sept 7 1908

Undertaker Marshall Wippel & Son

Address 33 S Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE ... THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. C 15121

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1836 West Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H Latchford

Residence, Give Street and Number, 1836 West Lanvale St.

Duration of Residence in Baltimore, Lifetime yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: White.

DATE OF BIRTH: January 19th 1844

AGE: 64 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: John Latchford

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Curran

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Latchford

(Address) 1836 W Lanvale St

Filed 9/7 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 4 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908 to Sept 4 1908

that I last saw him alive on Sept 4 1908

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Endocarditis

Probably of renal years

Duration

(DURATION) DAYS

Contributory (Primary) Heart failure

(DURATION) 6 Hrs DAYS

(Signed) Edw A. Jones M. D.

Address 1730 N. Fulton Ave.

Date September 4 1908

Place of Burial New Cathedral Cemetery

Date Monday Sept. 7 1908

Undertaker Dryden Bros

Address 25 N. Fulton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

# HEALTH DEPARTMENT, City of Baltimore.

C15425

Registered No. C 15425

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 939 Harmony Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Neale

Residence, Give Street and Number, 939 Harmony Lane

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 39 years, 2 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Tom Neal

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Lucy Jackson

BIRTHPLACE OF MOTHER (State or county) Queen annes Co

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Neal

(Address) .....

Filed 9/7 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 4 1908

I HEREBY CERTIFY, That I attended deceased from a. C 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) PJ Martin M. D.

Address Conn

Date Sept 7 1908

Place of Burial Laurel Cemetery

Date Sept 7 1908

Undertaker George Hooker

Address 609 Little Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C15426 Registered No. B C15426

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 41 West Mt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of John and Mary Russ

{ Residence, if in Baltimore, Give Street and Number. } 41 W. Mt St.

Duration of Residence in Baltimore. 2 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: ..... years, ..... months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: John Russ

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Mary Cornish

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Russ

(Address) 41 W West St

Filed 9/7 1908 HARRY G. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Sept 6 1908 that I last saw h[illegible] alive on Sept 6 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiation

(DURATION) ..... DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) ..... DAYS

(Signed) Robt. F. Bay M.D.

Address Municipal Hospital

Date Sept. 6th 1908

Place of Burial Mt Auburn

Date Sept 7 1908

Undertaker J. E. Brown & Son

Address 108 N. Montgomery st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15427 Registered No. C C15427

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 131 N. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella L. Underwood

Residence, Give Street and Number, 131 N. Baxter St

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH January 30 1908

AGE ..... years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Charles Underwood

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Katherine Yeager

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Underwood

(Address) 131 N. Baxter St

Filed 9/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 5 1908

that I last saw her alive on Sept 5 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Infantile Diarrhea

(DURATION) 3 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Louis Vogel M. D.

Address 2601 E. Monument St.

Date Sept 5-08 1908

Place of Burial Old Methodist Cemetery

Date Sept 7th 1908

Undertaker Henry Lutz

Address 1007 W. Baltimore St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15428

Ward 14 Registered No. B C15428

# CERTIFICATE OF DEATH.

156

(Place of Death.) No. 724 W Lexington St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Brown

{ Residence, if in Baltimore, Give Street and Number. } 724 W Lexington St

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: aug 30 1877

AGE: 31 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Kent Island Md

FULL NAME OF FATHER: Thomas F Brown

BIRTHPLACE OF FATHER (State or country): Kent Island

MAIDEN NAME OF MOTHER: Wolbe Leonille

BIRTHPLACE OF MOTHER (State or country): Kent Island

OCCUPATION OF DECEASED: Car Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F M Hopkins

(Address) 724 Lexington

Filed 9/7 1908

HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from as born 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Gen Cel Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner

Date Sept 6 1908

Place of Burial Kent Island Green Acres Co.

Date Sept 8 1908

Undertaker Wilbur H Shriver

Address 316 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15429 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sister Mary Agnes a Negress

{Residence, if in Baltimore, Give Street and Number.} Baltimore City Hospital

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: F | COLOR: W. |
| DATE OF BIRTH: 1 | |
| AGE: 26 years, mont's, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. Ed. Md |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | Religious Sr. of Mercy |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister M. Camerlata

(Address) City Hospital

Filed 9/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1908 to Sept. 7 1908 that I last saw her alive on Sept. 7 1908, and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentria.

(DURATION) DAYS

Con'ributory (Primary.) Typhoid fever. (DURATION) DAYS

(Signed) Wm J Chmiely M.D.

Address City Hospital.

Date 190

Place of Burial Int St Agnes Cem. Mt Washington Md

Date Sept 9th 1908 190

Undertaker Newcomer & Son Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

Registered No. B C15430

C15430

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 620 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William de Valcourt Hinchcliffe

{Residence, if in Baltimore, Give Street and Number.} 620 N. Carey St.

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 6 — 1872

AGE 36 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER A. Hyde Dunlap

BIRTHPLACE OF FATHER (State or country) Conn.

MAIDEN NAME OF MOTHER Kate Thompson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Gen. Manager Stand. Oil Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate T. Dunlap

(Address) 620 N. Carey St.

Filed 9/7 1908. HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to Sept. 4 1908 — that I last saw h in alive on Sept. 3, 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) DAYS

Contributory (Primary.) Carcinoma Stomach & Liver (DURATION) 7 mos. DAYS

(Signed) H. J. Buxton M.D.

Address 2200 Eutaw Place

Date Sept 6th 1908

Place of Burial Green Mount Cem.

Date Sept. 7 = 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C C15431

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1724 Hoffman Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wallis McK Hall

Residence, Give Street and Number, 1724 Hoffman Place

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ——— 1

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto —

FULL NAME OF FATHER Wallis O Hall

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Catherine Ford

BIRTHPLACE OF MOTHER (State or county) Balto —

OCCUPATION OF DECEASED Cont Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Hall

(Address) 1724 Hoffman Place

Filed 9/7 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 5 1908

that I last saw him alive on Sept 5 1908

and that death occurred, on the date stated above, at 7.20 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) 5 DAYS

(Signed) A O Macdonald M. D.

Address 1540 N Broadway

Date Sept 6 1908

Place of Burial Western Cemetary

Date Sep 8 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15432

Ward 8

C15432 Registered No. B

# CERTIFICATE OF DEATH.

18

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Conrad

{ Residence, if in Baltimore, Give Street and Number. } 2007 E. Lafayette St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR W

DATE OF BIRTH Sept 27 1865

AGE 42 years, 11 months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hardenia Conrad

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Frederick Dietrich

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hardware

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Conrad

(Address) 2007 E Lafayette

Filed 9/7 1908

HARRY G. ANDREWS, PUBLIC CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4. 1908

I HEREBY CERTIFY, That I attended deceased from August 12 1908 to Sept. 4 1908

that I last saw h ine alive on Sept. 4 1908,

and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral embolism

(DURATION) 4 DAYS

Contributory (Primary.) Ulcerative endo-

Conditio (DURATION) 2 DAYS

(Signed) Virginia Wyatt, Jr. M.D.

Address Union Prot. Inf.

Date Sept. 4 1908

Place of Burial Dyett Cemetery.

Date Sept 8 1908

Undertaker Robt J Lennon

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15433 Registered No. B C15433

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 608 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet D. Thomas

{Residence, if in Baltimore, Give Street and Number.} 608 Jasper St

Duration of Residence in Baltimore. 4 Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 30 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Hampton

(Address) Hillsborough Ave

Filed 9/7 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Unknown (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Chas Baetzhold M.D.

Address Two Laz. ave (Comm)

Date Sept 5. 6th 1908

Place of Burial Laurel

Date Sept. 7 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15434 Registered No. B ..... C15434

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 632 Patapsco St. (N)

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR D

DATE OF BIRTH ..... 1 .....

AGE 47 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Dougherty

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Gail

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Linda Richardson

(Address) 632 Patapsco St

Filed 9/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1908 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Compound Fracture of Skull Sept. - Fell from trestle Cor. 11th St & Phila. Rd.

..... (DURATION) ..... DAYS

Contributory (Primary) (Accidental)

..... (DURATION) ..... DAYS

(Signed) Fred Cullen M.D.

Address Corner Wed

Date Sept 5 - 08 190

Place of Burial Asbury

Date Sept 8 190

Undertaker R A Eckhardt

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C15435 Registered No. B C15435

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. 303 N. Arlington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ann Ward

{ Residence, if in Baltimore, Give Street and Number. } 303 N. Arlington Ave.

Duration of Residence in Baltimore. 40 years.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | — 1 |
| AGE | 60 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Michael Smith |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Mary Smith |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 N Mulberry St

Filed 9/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 5 1908 that I last saw h alive on Sept 5 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric carcinoma

6 weeks under my care.

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. E. Lamond M.D.

Address 1302 W. Lanvale

Date Sept. 7 1908

Place of Burial New Cathedral

Date Sept 8th 1908

Undertaker M. Cadogan

Address 696 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.** C15436

Ward ..... C15436 Registered No. C .....

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis L Rauenstein

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: —

AGE: 79 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 9/7 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Sept 6 1908

that I last saw h alive on Sept 6 1908

and that death occurred, on the date stated above, at 9.30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Epithelioma —

(DURATION) 7 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) — DAYS

(Signed) R. H. Parker M. D.

Address Bay View Hosp.

Date Sept 6 1908

Place of Burial Sacred Heart Cem

Date September 7th 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal

Remarks .....

Ward ..... C15437 Registered No. B ..... C15437

# CERTIFICATE OF DEATH.

(Place of Death.) No. 103 N. Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leannelle Ray Wetzel

{Residence, if in Baltimore, Give Street and Number..} 103 N. Patterson Park av

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23, 1889

AGE 19 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) D. C. Balto

FULL NAME OF FATHER Geo R Wells

BIRTHPLACE OF FATHER (State or country) D. C. Balto

MAIDEN NAME OF MOTHER Leannelle J Kettling

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Wetzel

(Address) 103 N. Patterson Pk av

Filed 9/7 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1908 to Sept. 4 1908 that I last saw h[illegible] alive on Sept. 4 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocrinal Hemorrhage — Collapse

4 Hours (DURATION) ~~DAYS~~

Contributory (Primary) Typhoid Fever

28 (DURATION) DAYS

(Signed) Geo. E. Mettis M.D.

Address 6 N. Broadway

Date Sept. 5 1908

Place of Burial Oak Lawn Cem.

Date Sept. 7th 1908

Undertaker Jno. A. Moran

Address Bank & Annsts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C15438

Ward 19

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 930 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gaffney

Residence, Give Street and Number, 930 W. Lombard St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR W.

DATE OF BIRTH Aug 8 1907

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER William J. Gaffney

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Bridget Nelson

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Gaffney

(Address) 930 W. Lombard St

Filed 9/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 5, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1908 to Sept 5, 1908

that I last saw her alive on Sept 4 1908

and that death occurred, on the date stated above, at 2.30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) 4 hours DAYS

Contributory (Primary) Gastro — enteritis (DURATION) 12 DAYS

(Signed) Mac O'Neill M. D.

Address 108 N. Fulton Ave

Date Sept 6th, 1908

Place of Burial Greenmount Cathedral cem.

Date Sept. 7th 1908

Undertaker Jno. A. Brown

Address Bank & Ann Sts.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 8 C15439 Registered No. B C15439

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Earl H. Bounds

{ Residence, if in Baltimore, Give Street and Number. } 1004 N. Patterson Park Ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 18th 1900

AGE 8 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Walter H. Bounds

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary J Bounds

BIRTHPLACE OF MOTHER (State or country) Howard Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter H. Bounds

(Address) 1004 N. Patterson Park Ave

Filed 9/7 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 6 1908 that I last saw him alive on Sept 6 1908 and that death occurred, on the date stated above, at 2 15 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate )

Typhoid Fever.

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) B. C Herzog M.D.

Address 1601 Patterson Park Ave

Date September 6 1908

Place of Burial Savage Md

Date Sept. 8th 1908

Undertaker Mr & Mrs John W. Teufel

Address 801 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the U[nder]taker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15440 Registered No. B .....

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1815 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mervin W. Burley (Birely)

{Residence, if in Baltimore, Give Street and Number.} 1815 Covington St.

Duration of Residence in Baltimore. 2 months

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 2 1905 |
| AGE | ____ years, 2 months, ____ days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Samuel A. Burley |
| BIRTHPLACE OF FATHER (State or country) | Frederick Co. Md. |
| MAIDEN NAME OF MOTHER | Annie V. Cyler |
| BIRTHPLACE OF MOTHER (State or country) | Frederick Co. Md. |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel A. Burley

(Address) 1815 Covington St

Filed 9/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 4th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 4 1908 that I last saw him alive on Sept 3 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ____ DAYS

Contributory (Primary.) Acute Gastritis

(DURATION) 3 DAYS

(Signed) C. P. Eckenbrack M.D.

Address 1412 Light St.

Date Sept. 7th 1908

Place of Burial Cedar Hill & Co.

Date Sept. 7 1908

Undertaker John J. Fahey & Son

Address 1253 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C15441

# HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C 15441

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian F. Heying

Residence, Give Street and Number, 1900 N Washington St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 27 1908

AGE: ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Louis Heying

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Katherine F. Frunce

BIRTHPLACE OF MOTHER (State or county): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Heying

(Address) 1900 N Washington

Filed 9/7 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sep. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1908 to Sept 5 1908

that I last saw him alive on Sept 5 1908

and that death occurred on the date stated above, at 1130 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Prematurity

(DURATION) 3 days

Contributory (Primary) Premature birth

(DURATION) 3 days

(Signed) Arlie Elwell M. D.

Address 1744 Harlem av

Date Sept 6, 1908

Place of Burial Holy Redeemer.

Date Sep. 7th 1908

Undertaker Edward J. Fanning

Address 1938 E Lafayette av.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15442 OFFICE OF REGISTRAR OF VITAL STATISTICS. C15442

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 331 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leon Washington

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James B Washington

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Rosa Bess

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B Washington

(Address) 331 W Preston St.

Filed 9/7 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to ..... 190.....

that I last saw him alive on Sept 5 1908,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Acute Bronchitis (DURATION) 2 DAYS

(Signed) W. F. Voegtlin M. D.

Sept 7 1908 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | Sept 7 1908 |
| UNDERTAKER | ADDRESS |
| W T Elliott | 506 Rogers Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C15443 Registered No. C C15443

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 314 So Eutaw St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emil Koenig

Residence, Give Street and Number, 314 So Eutaw St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH Dec 1 1856

AGE 51 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Restaurateur

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanny Koenig

(Address) 314 E. Eutaw St

Filed 9/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F. Hurley M. D.

Coroner

Address

Date Sept 7 1908

Place of Burial Loudon Park

Date Sept 9 1908

Undertaker W. Peckham Sons

Address Caroline & Aisquith

Remarks

EXTRACTS FROM REGULATIONS OF THE BOARD OF HEALTH TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C15444 Registered No. B C15444

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 128. S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Dallas Kearney

{ Residence, if in Baltimore, Give Street and Number. } 128. S Ann St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W Side

DATE OF BIRTH Aug 22 1908

AGE ..... years, ..... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John J Kearney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cath. G Nagle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Kearney

(Address) 128 S Ann St.

Filed 9/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1908 to Sept 6th 1908 that I last saw h.. alive on Sept 6th 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro. Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Wm Buck M.D.

Address 2844 St Paul St

Date Sept 7th 1908

Place of Burial Holy Cross Cem

Date Sept 7 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15443 Registered No. B

# CERTIFICATE OF DEATH. C15445

(Place of Death.) No. 1929 Brunt St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lucion Craig

{ Residence, if in Baltimore, Give Street and Number. } 1929 Brunt St.

Duration of Residence in Baltimore. four months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH July 1st 1908

AGE 2 years, 2 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER Truman Craig

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Nellie Cephas

BIRTHPLACE OF MOTHER (State or country) Warrenton Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nellie Craig

(Address) 1929 Brunt St

Filed 9/7 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1908 to Sept 6th 1908 that I last saw h— alive on Sept 4th 1908, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Tuberculosis (probable)

(DURATION) 6 weeks

(Signed) P. M. Allen M.D.

Address 2242 Penn. Ave

Date Sept. 7th 1908

Place of Burial Laurel Cemetery

Date Sept 9th 1908

Undertaker Thomas Enright

Address 1864 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate

HEALTH DEPARTMENT, City of Baltimore. C15446

Ward 20 C15446 Registered No. C 15446

# CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Bond. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name John Zukowski.

Residence, Give Street and Number, 411 S. Bond St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1

AGE: — years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER Felix Zukowski.

BIRTHPLACE OF FATHER (State or county) German Poland.

MAIDEN NAME OF MOTHER Anastazia Kola.

BIRTHPLACE OF MOTHER (State or county) Russia Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Zukowski.

(Address) 411 S. Bond St

Filed 9/7 190 8

HENRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Balto Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 6 1908

that I last saw him alive on Sept 6 1908

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate,)

Tubercular Coxitis

(DURATION) ..... DAYS

Contributory (Primary) .....

C. Ynfection (DURATION) ..... DAYS

(Signed) John Loth M. D.

Address Balto Eastern Dispensary

Date Balto Sept 10th 1908.

Place of Burial Holy Rosary.

Date SEP 7 - 1908 190

Undertaker M. F. SADOWSKI,

Address 703 S. ANN ST. BALTIMORE, MD.

Remarks .....

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B 015447

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1110 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sticha

{ Residence, if in Baltimore, Give Street and Number. } 1110 N. Wolfe St

Duration of Residence in Baltimore. 54 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Sticha

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Pharmacist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katerina Sticha

(Address) 1110 N. Wolfe

Filed 9/7 1908

HARRY G. ANDREWS, PERMIT CLERK

HARRY G. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to Sept 6 1908

that I last saw him alive on Sept 6 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE, OF DEATH (Secondary or Immediate.)

Cronic Bronchitis and Cancer of Liver

(DURATION) DAYS

Contributory (Primary.) Cancer of Liver

(DURATION) 4 Months DAYS

(Signed) Thos J Simms M.D.

Address 1025 N Wolfe

Date Sept 7th 1908

Place of Burial Oak Hill

Date Sept 9 1908

Undertaker Frank Brach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C

# CERTIFICATE OF DEATH. C15448 1766

(Place of Death.) No. Md. Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Carlin

Residence, Give Street and Number,

Duration of Residence in Baltimore, 4 hrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Sept 7 1908

AGE 4 hrs. ~~years,~~ ~~months,~~ ~~days~~

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER John J. Carlin.

BIRTHPLACE OF FATHER (State or county) Frederick Co. Md.

MAIDEN NAME OF MOTHER Elizabeth McCormick

BIRTHPLACE OF MOTHER (State or county) Washington, D. C.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Carlin

(Address) 2137 St. Paul St.

Filed Sept 7th 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 7 1908 that I last saw her alive on Sept 7 1908 and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxiation.

(DURATION) — DAYS

Contributory (Primary) Instrumental delivery.

(DURATION) DAYS

(Signed) J. H. Streett M. D.

Address Md Genl Hospital

Date Sept 7 1908

Place of Burial Washington D. C.

Date Sept 8 1908

Undertaker H. H. Jenkins & Sons Co

Address 360 W. Madison St

Remarks 360 W. Madison St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 8 Registered No. C

# CERTIFICATE OF DEATH. C15449

(Place of Death.) No. 2111 E Lafayette Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Elizabeth Leicht.

Residence, Give Street and Number, 2111 E Lafayette Ave.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female. COLOR W.

DATE OF BIRTH April 27th 1897

AGE 11 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore.

FULL NAME OF FATHER James Leicht

BIRTHPLACE OF FATHER (State or county) Pennsylvania

MAIDEN NAME OF MOTHER Maggie M Hart

BIRTHPLACE OF MOTHER (State or county) Cecil County Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Leicht.

(Address) 2111 Lafayette ave.

Filed Sept 7th 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to Sept 5 1908

that I last saw h alive on Sept 5 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 4 DAYS

Contributory (Primary) Myocarditis

(DURATION) 17 DAYS

(Signed) Conrad Rehn M. D.

Address 1410 E Eager St

Date Sept. 10 1908

Place of Burial Shrewsbury Pa.

Date Sept 8th 1908

Undertaker Jos. Steinbach

Address 618 Light St.

Remarks

READ THE LAW PRINTED ON THE MARGIN

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 15450

# CERTIFICATE OF DEATH.

(Place of Death.) No. 53 Druid ave Woodbury St. 151

(If Death occurred in Hospital or Institution, give its Neme Instead of Street and Number.)

Full Name George Thomas Ruby

Residence, Give Street and Number, 53 Druid ave Woodbury

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 21st 1908

AGE: years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Maggie Ruby

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Ruby

(Address) 53 Druid Ave

Filed Sept 7 1908 HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1908 to Sept 6 1908 that I last saw h[illegible] alive on Sept 6 1908 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr W Smith M. D.

Address 206-3rd Ave

Date Sept 6 1908

Place of Burial St. Marys Hampden

Date Sept 7th 1908

Undertaker Jno. C. Townsend & Sons

Address 919 Third ave Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death*** of the person deceased,

Ward 18 Registered No. B C15451

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. 15 S. Schroeder St. (If Death occurred Hospital or Institut give its Name inst of Street and Numbe

Full Name John H. Gaigley

{ Residence, if in Baltimore, Give Street and Number. } 15 S. Schroeder St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 29 1844

AGE 64 years, 6 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John C Gaigley

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Lockingham

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Gaigley

(Address) 15 S. Schroeder St

Filed

Sept 7 1905

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 19

I HEREBY CERTIFY, That I attended deceased fr

June 3 1905 to Sept 6 19

that I last saw h alive on Sept 19

and that death occurred, on the date stated above, at 10

A. M. CAUSE OF DEATH (Secondary or Immedia

Cerebral Hem—
orrhage—
Hemiplegia

3 mos (DURATION) D

Contributory (Primary.) Asthenia

1 mo (DURATION) D

(Signed) V L Norwood M

Address 939 W Fay Ave

Date Sept 7 19

Place of Burial Western

Date Sept 8 1905

Undertaker Jos B Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C13452

# CERTIFICATE OF DEATH.

118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Charles D Hinebrener

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 10 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 11 1861

AGE 47 years, 5 months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Woodsboro Md

FULL NAME OF FATHER George L Hinebrener

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Stambaugh

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Josephine Hinebrener

(Address) Mt Airy Md.

Filed Sept 7 1908 HARRY C. ANDREWS, Registrar [PERMIT CLERK]

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1908

I HEREBY CERTIFY, That I attended deceased from 8-29-1908 to 9-7-1908 that I last saw h alive on 9-7-1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

General peritonitis

(DURATION) 10 DA

Contributory (Primary.) Acute

Appendicitis (DURATION) 3 DA

(Signed) Robt P Bay M.

Address University Hosp.

Date Sept 7th 1908

Place of Burial Mattawoldo Frederick Co Md

Date Sept 7 1908

Undertaker Jas B Cook

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 15153

# CERTIFICATE OF DEATH.

(Place of Death.) No. 240. S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Keller

{Residence, if in Baltimore, Give Street and Number.} 240 S. Calhoun St.

Duration of Residence in Baltimore. Life time.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 35 years, 11 months, 29 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | John T. Keller |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Catherine E. Fauze |
| BIRTHPLACE OF MOTHER (State or country) | Balto |
| OCCUPATION OF DECEASED | Tavern Keeper |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Eutaw

Filed Sept 7 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 5. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2. 1908 to Sept. 5. 1908 that I last saw him alive on Sept 5. 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 3 hours DAYS

Contributory (Primary) Mania a Potu

(DURATION) 40. DAYS

(Signed) C. W. Wilson M.D.

Address 1735 Hollins St.

Date Sept. 6. 1908

Place of Burial Loudon Park

Date Sept 8th 1908

Undertaker John J. Fields

Address 1200 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

80

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15454

Registered No. B.....

City of Baltimore, (No. 2036, Park St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Brice Wm Edwards

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. (Month) 17 (Day) 1854 (Year)

AGE 53 years, 9 months, 20 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Albemarle Co Va

FULL NAME OF FATHER Brice J Edwards

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary A Rhodes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Rhobeck Lumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Edwards

(Address) 2036 Park Ave

Filed Sept 7 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Sept 6 1908 that I last saw him alive on Sept 6 1908, and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

..... (DURATION) ✓ DAYS

Contributory Brights

..... (DURATION) ✓ DAYS

(Signed) Geo. B. Scholl M. D.

Sept 6 1908 (Address) 1005 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Burnleys Va | DATE OF BURIAL Sept 8 1908

UNDERTAKER Albemarle | ADDRESS 1003 Baltimore

Jas B Cook

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15455

106

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15455

City of Baltimore, (No. 1624 St Paul St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Rebecca T. Griffith

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 1st (Month) (Day) 1823 (Year)

AGE: 85 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Howard Griffith

BIRTHPLACE OF FATHER (State or country): Montgomery Co. Md

MAIDEN NAME OF MOTHER: Ruth Plummer

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md.

OCCUPATION OF DECEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis. P. Griffith.

(Address) 1624 St Paul St.

Filed 9/8 1908

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 7 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Sept 6 1908 that I last saw h er alive on Sept 6 1908, and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Senility

Gastro - Enteritis

(DURATION) 7 DAYS

Contributory Heart Failure

(DURATION) 2 DAYS

(Signed) Howard Ellis Ashbury M. D.

Sept 7 1908 (Address) 102 E Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Sept 9 1908

UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C15456 Registered No. B C15456

104

# CERTIFICATE OF DEATH.

Place of Death.) No. 217 N Patterson Park ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary H Tucker

{ Residence, if in Baltimore, Give Street and Number. } 217 N Patterson Park ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 8 1849

AGE: 58 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: James Wilson

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Tucker

(Address) 217 N. Patterson Park ave

Filed 9/5 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6" 1908 to Sept 7" 1908 that I last saw h alive on Sept 7 1908, and that death occurred, on the date stated above, at 1.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) — DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) — DAYS

(Signed) Heloyet Robertson M.D.

Address 2129 E Baltimore St.

Date Sept 7" 1908

Place of Burial Loudon Park

Date September 9th 1908

Undertaker Wm Cook

Address 602 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C15457 Registered No. B C15457

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. 704 N Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Rodgers

{Residence, if in Baltimore, Give Street and Number.} 704 N Glover

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: Male.

DATE OF BIRTH: 1

AGE: 75 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Rodgers.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: M A Small.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta A. Orer.

(Address) 704 N. Glover.

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 6 1908 that I last saw h alive on Sept 5 1908, and that death occurred, on the date stated above, at 9.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Obstruction of Bowels (DURATION) 7 DAYS

(Signed) Chas. B. Fiegner M.D.

Address 830 N Broadway

Date Sept 8 1908

Place of Burial Baltimore Cemetery

Date September 8th 1908.

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15458

Ward 8 Registered No. B C15458

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2234 Cleveland Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Kahn

{ Residence, if in Baltimore, Give Street and Number. } 2234 Cleveland Place

Duration of Residence in Baltimore. 25 Years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR White |
| DATE OF BIRTH 1 | |
| AGE 47 years, — months, — days | |
| ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married | |
| BIRTHPLACE (State or country) Germany | |
| FULL NAME OF FATHER Jacob Kahn | |
| BIRTHPLACE OF FATHER (State or country) Germany | |
| MAIDEN NAME OF MOTHER Regina Ulman | |
| BIRTHPLACE OF MOTHER (State or country) Germany | |
| OCCUPATION OF DECEASED Merchant | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Kahn

(Address) 2234 Cleveland Pl

Filed 9/8 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 13 190 8 to Sept 6 190 8

that I last saw h alive on Sept 6 190 8,

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma

Exhaustion

1 Mo (DURATION) DAYS

Contributory (Primary.) Cancer

1 Yr (DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 190

Place of Burial Oak Lawn Cemetery

Date Sept 9 1908 190

Undertaker William Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15459 Registered No. B C15459

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Pear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys N. Carter

{Residence, if in Baltimore, Give Street and Number.} 904 Pear Alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: July June 26th 1906

AGE: 3 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Dewit C. Carter

BIRTHPLACE OF FATHER (State or country): Annapolis Md.

MAIDEN NAME OF MOTHER: Edith Hall

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ormie Green

(Address) 904 Pear alley

Filed 9/8 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7th 1908

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) 1 DAYS

Con'ributory (Primary.) Intoxication

(DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Log. av. Canton

Date Sept. 7th 190 8

Place of Burial Laurel

Date Sept 8th 190

Undertaker Johnson & Wright

Address 1364 N Gaye St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15460 Registered No. B 146

# CERTIFICATE OF DEATH.

(Place of Death.) No. 711 Gold St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amy M. A. Brown

{Residence, if in Baltimore, Give Street and Number.} 711 Gold St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ....1....

AGE 3 years, ....months, ....days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Estelle Easter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Brown

(Address) 711 Gold

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 27th 1908 to Sept 6th 1908 that I last saw h-er alive on Sept 5th 1908, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

Rickets

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Cook Wells M.D.

Address Medical Agency.

Date Sept 7th 1908

Place of Burial Mt Auburn

Date Sept 8 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C 15461

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Madison Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William Brna McPherson.

Residence, Give Street and Number, 1110 Madison Ave.

Duration of Residence in Baltimore, Twelve days.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: ~~Colo~~ White

DATE OF BIRTH: Nov. 26. 1871

AGE: 36 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Marr'd

BIRTHPLACE (State or county): Prince Georges Co. Md.

FULL NAME OF FATHER: Chas. Henry McPherson

BIRTHPLACE OF FATHER (State or county): Calvert Co. Maryland

MAIDEN NAME OF MOTHER: Julia Doremus

BIRTHPLACE OF MOTHER (State or county): unknown

OCCUPATION OF DECEASED: Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Tarr

(Address) 1110 Madison Ave. Baltimore

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: September 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 27th 1908 to Sept. 7th 1908

that I last saw him alive on Sept. 7th 1908

and that death occurred, on the date stated above, at 12 nm M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 17 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 17 DAYS

(Signed) Thomas McGraw M. D.

Address 807 St Paul St

Date Sept 7th 1908

Place of Burial Agnasco Prince Geo Co. Md

Date September 9th 1908

Undertaker Henry M. Eutaw Bodies C.

Address 300 N. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15462

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

# CERTIFICATE OF DEATH.

Registered No. BC15462

City of Baltimore, (No. 2107 Lovegrove alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma C. Lewis

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Lewis

(Address) 2107 Lovegrove Alley

Filed 9/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Sept 1908

that I last saw her alive on 6th 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of uterus.

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) C. M. Gabriel M. D.

Sept 7th 1908 (Address) 2413 St Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Sept 9th 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Schirl B Pye | 102 E Mulberry st |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12X C15463 Registered No. B C15463

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3202 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Wormley

{Residence, if in Baltimore, Give Street and Number.} 3203 Barclay St

Duration of Residence in Baltimore. Two months

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev S. Wormley

(Address) 3202 Barclay st

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to Sept 5 1908

that I last saw h— alive on Sept 5 1908

and that death occurred, on the date stated above, at 5—

I. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Polk G. Schnell M.D.

Address 424 East 23 St

Date Sept. 5 1908.

Place of Burial Cremation Pikesville Md Harford Lancaster Cook

Date September 8th 1908

Undertaker Helig & Pue.

Address 122 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15464

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

# CERTIFICATE OF DEATH. C15464

Registered No. B.....

City of Baltimore, (No. 508 St Mary St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgiana Clayton

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: female | COLOR: colored |
| DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year) | |
| AGE: 68 years, ..... months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or coutry) | Balt Md |
| FULL NAME OF FATHER | John Jefferson |
| BIRTHPLACE OF FATHER (State or country) | Balt Md |
| MAIDEN NAME OF MOTHER | — — |
| BIRTHPLACE OF MOTHER (State or country) | Balt Md |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Brook

(Address) 508 St Mary St

Filed 9/8/1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

| MEDICAL CERTIFICATE OF DEATH |
|---|
| DATE OF DEATH: 9 mo (Month) 6 th (Day) 1908 (Year) |

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to Sept 4th 1908 that I last saw her alive on Sept 4th 1908, and that death occurred, on the date stated above, at 4 a. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart

6 mos 4 — (DURATION) ..... DAYS

Contributory Dropsy

2 mos. (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Sept 6th 1908 (Address) 1019 D. Hillsman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | Sept 9 1908 |
| UNDERTAKER | ADDRESS |
| John H Owens & Son | 1222 Pennsylvania Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

Ward 9 C15465 Registered No. B C15465

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1415 Jefferson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sarah L. Bantum,

{Residence, if in Baltimore, Give Street and Number.} 1415 Jefferson St.,

Duration of Residence in Baltimore. 35 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: April 1843

AGE: 55 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Dorchester Co. Md.

FULL NAME OF FATHER: Moses A. Bright

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Nettie Bantum

(Address) 1415 Jefferson St.

Filed 9/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept. 6, 1908

that I last saw h alive on Sept. 6, 1908,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Secondary — Dementia

Five months (DURATION) DAYS

Contributory (Primary.) Gastric carcinoma

Two years (DURATION) — DAYS

(Signed) J. Edward Fisher M.D.

Address 410 Cathedral St.,

Date September 6, 1908

Place of Burial Asbury Ex-y Cemetery

Date Sept 9 1908

Undertaker Chas G Bill

Address 1425 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPART[illegible]ore. C15466

Ward 4 C15466 Registered No. B

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 681 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Amelia Randall

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life time

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX: Female / COLOR: White | DATE OF DEATH: Sept 7 190[illegible] |
| DATE OF BIRTH: 1 | I HEREBY CERTIFY, That I attended deceased from [illegible] 190[illegible] to 190[illegible] |
| AGE: 60 years, months, days | that I last saw h[illegible] alive on 190[illegible] |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow | and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate |
| BIRTHPLACE (State or country): Maryland | Heart Dis |
| FULL NAME OF FATHER: Francis Bauer | [illegible] |
| BIRTHPLACE OF FATHER (State or country): Germany | [illegible] |
| MAIDEN NAME OF MOTHER: Elizabeth Bruine | [illegible] (DURATION) 1 DAYS |
| BIRTHPLACE OF MOTHER (State or country): Germany | Contributory (Primary) [illegible] (DURATION) DAYS |
| OCCUPATION OF DECEASED: Housewife | (Signed) Edward F Martin M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | Address [illegible] |
| (Informant) Lawrence Bauer | Date Sept 8 190[illegible] |
| (Address) 734 W. Lexington St. | Place of Burial Cathedral cemetery |
| Filed 9/8 190[illegible] HARRY C. ANDREWS. Registrar | Date Sept 9 190[illegible] |
| PERMIT CLERK. | Undertaker John J Gowan |
| | Address 901 Hollins |

WM. J. C. DULANY C[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C15467

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15467

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1217 James St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Dorn

Residence, Give Street and Number, 1217 James St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | May 01 1908 |
| AGE | years, 3 months, 7 days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Single |
| BIRTHPLACE (State or county) | Baltimore Md |
| FULL NAME OF FATHER | Max Dorn |
| BIRTHPLACE OF FATHER (State or county) | Germany |
| MAIDEN NAME OF MOTHER | Freda Haas |
| BIRTHPLACE OF MOTHER (State or county) | Germany |
| OCCUPATION OF DECEASED | Infant |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Dorn

(Address) 1217 James St.

Filed 9/8 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 7 1908

that I last saw him alive on Sept 2 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exanthem of Enteritis

(DURATION) 10 DAYS

Contributory (Primary) Asthenia

(DURATION) 1 DAYS

(Signed) Jas E Muse M. D.

Address 545 Columbia

Date Sept 7 1908

Place of Burial Fonden Park

Date Sept 9th 1908

Undertaker John J Coman

Address 901 Hollins St

Remarks

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8

# HEALTH DEPARTMENT, City of Baltimore.

C15468

Registered No. C C15468

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Rees.

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, 813 N Madeira St

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. BAY VIEW ASYLUM.

(Address)

Filed 9/8 1908

HARRY O. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 7 1908

that I last saw h-im alive on Sept 7 1908

and that death occurred, on the date stated above, at 1.30 A M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) 6 DAYS

(Signed) W. W. Baker M. D.

Address Bay View Hosp.

Date Sept 7 1908

Place of Burial Holy Redeemer

Date Sept 10 1908

Undertaker Wm. F. Schaeffer

Address 8 S Front St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C15469 Registered No. B C15469

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 914 E. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Meier and Rose ~~Baby~~ (Carlinsky)

{ Residence, if in Baltimore, Give Street and Number. } 914 E. Fayette St.

Duration of Residence in Baltimore. 5 weeks

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Meier Carlinsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rose Fisher

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carlinsky

(Address) 419 E. Fayette St

Filed 7/8 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-8 1908

I HEREBY CERTIFY, That I attended deceased from 9-6 1908 to 9-7 1908 that I last saw h. in alive on 9-7 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Cardiac Weakness

(DURATION) DAYS

(Signed) A. C. Ratzoff M.D.

Address 116 So. Eutaw St

Date 9-8-08 1908

Place of Burial Hebr. Rosedale Cem. Plot R

Date Sept. 8 1908

Undertaker Mat Levinson

Address 1620 Mc. Elder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the ... the duty of the Physician who attended during his or her last sickness, or the Coroner, who ... notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending ... setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) ... deceased, and the **cause and date of death.**

Ward 7 C1547O

C15470

Registered No. B

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ella Bishop

{Residence, if in Baltimore, Give Street and Number.} 842 S Sharp St

Duration of Residence in Baltimore. Seven Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Benjamin Bishop

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Taylor

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bece Wallace

(Address) 832 S. Eutaw St.

Filed 9/8 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 6 1908 that I last saw her alive on Sept 6 1908, and that death occurred, on the date stated above, at 2 00 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Acute Parenchymatous Nephritis (DURATION) 9 DAYS

(Signed) L Kolb M.D.

Address University Hospital

Date Sept 6 1908

Place of Burial Cove Point Md. Calvert Co.

Date September 9 1908

Undertaker John H. Coadrin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15471 Registered No. B C15471

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 932 North Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Newman

{ Residence, if in Baltimore, Give Street and Number. } 932 North Howard Street.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Janee Newman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Hackett.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Newman

(Address) 962 N. Howard St.

Filed 9/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Sept 7 1908

that I last saw h.. alive on Sept 7 1908

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Bright disease

2 Years (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) R. L. Wash M.D.

Address 626 Gilmor St.

Date Sept. 7. 1908

Place of Burial Evergreen Cemetery

Date Sept. 8 1908

Undertaker John H. Toadvine

Address 1426 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 22

# HEALTH DEPARTMENT, City of Baltimore.

C15472

Registered No. C 15472

# CERTIFICATE OF DEATH.

146

(Place of Death.) No. 826 S. Eutaw St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman C. Wiese

Residence, Give Street and Number, 826 S. Eutaw Street.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Black

DATE OF BIRTH June 15 1906

AGE 2 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) 826 S. Eutaw St

FULL NAME OF FATHER Agustus Wise

BIRTHPLACE OF FATHER (State or county) Na.

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or county) Na.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wise (mother)

(Address) 826 S. Eutaw St.

Filed 9/8 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Aug 31 1908 that I last saw h in alive on Aug 31 1908 and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary) Rachitis

(DURATION) 180 DAYS

(Signed) M. B. Campbell M. D.

Address Fleming Dispensary, 115 W Barre

Date September 7 1908

Place of Burial Mt. Auburn Cemetery

Date September 8 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15473 Registered No. B C15473

# CERTIFICATE OF DEATH.

150 c

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar Fisher

{ Residence, if in Baltimore, Give Street and Number. } St Helena Balto. Co

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 29th 1908

AGE: ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry E. Fisher

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Hattie L. Perkins

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Fisher

(Address) St Helena

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 - 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 7 1908 that I last saw h-- alive on " 1908, and that death occurred, on the date stated above, at 1045 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cleft palate

(cleft palate)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Sept. 7th 1908

Place of Burial Mt. Carmel Cem.

Date Sept 9th 1908

Undertaker J. Herwig Sons

Address 200 E Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C15474 Registered No. B C15474

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 234 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Rasnacke

{Residence, if in Baltimore, Give Street and Number.} 234 S. Bond St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | May 9th 1908 |
| AGE | years, 3 months, 28 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Frank Rasnacke |
| BIRTHPLACE OF FATHER (State or country) | Harford Co Md. |
| MAIDEN NAME OF MOTHER | Mary Parker |
| BIRTHPLACE OF MOTHER (State or country) | Harford Co. Md. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Parker

(Address) 234 S. Bond St.

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1908 to Sept. 3rd 1908

that I last saw him alive on Sept. 3rd 1908,

and that death occurred, on the date stated above, at 10.50 M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) John Roth M.D.

Address Balto Eastern Dispensary

Date Sept 8. 1908

Place of Burial Schwartz's Cemetery

Date Sept 8th 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE. 61

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15475

Registered No. B

City of Baltimore, (No. 516, W. Parish St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Herman E. Simmons

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Herman Keys

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mable Simmons

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mable Simmons

(Address) 516 Parish St

Filed Sept 8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept 5 1908 that I last saw h im alive on Sept 6 1908, and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonitis

(DURATION) 8 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) J. L. Howard M. D.

Sept 7 1908 (Address) 230 N Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel | Sept 9th 1908 |
| UNDERTAKER | ADDRESS |
| J. T. Elliott | 506 Rogers Av |

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C15476 Registered No. B C15476

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1531 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elmira E. Hutchison

{Residence, if in Baltimore, Give Street and Number.} 1531 Bruce St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: June 1907

AGE: 1 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Francis Hudson

BIRTHPLACE OF FATHER (State or country): Tuscumbia

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Johnson

(Address) 1527 Fulton Ave

Filed 9/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Two Log Ave. (Govans)

Date Sept. 7th 1908

Place of Burial Herold Cem. Balto Co

Date Sept-8 1908

Undertaker R A Elliott

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C15477

C15477

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2206 McElderry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Lilly

{Residence, if in Baltimore, Give Street and Number.} 2206 McElderry St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 58 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Carrie L. Lilly

(Address) 2206 McElderry St

Filed 9/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Sept 6 1908

that I last saw him alive on Sept 5 1908

and that death occurred, on the date stated above, at 1110 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tertiary Disease and Heart Disease

Contributed

one month (DURATION) 2 DAYS

Contributory (Primary) Heart

1 month (DURATION) 2 DAYS

(Signed) Dr. H. Kennard M.D.

Address 748 Ensor St

Date Sept - 6 - 1908

Place of Burial Woodlawn Cemetery

Date Sept - 9th 1908

Undertaker P. P. Ecclesto

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15478 Registered No. B C15478

90

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pulley, Emma S.

Emma S Pulley

{Residence, if in Baltimore, Give Street and Number.} 1218 N. Spring st.

Duration of Residence in Baltimore. Lifetime

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | ——— |
| AGE | 1 years, 5 months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | ——— |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Wm Pulley |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Annie ——— |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Pulley

(Address)

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH September 6 — 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 6 — 1908 to Sept. 6 — 1908 that I last saw her alive on Sept. 6 - 1908, and that death occurred, on the date stated above, at 11:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 2 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date September 6 — 1908

Place of Burial Chases Station Balto Md

Date Sept - 8 th 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15479 Registered No. B C15479

144

# CERTIFICATE OF DEATH.

(Place of Death.) No. 421 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Beaver

{Residence, if in Baltimore, Give Street and Number.} 421 McCulloh St

Duration of Residence in Baltimore. 13 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro-Am

DATE OF BIRTH: 1883 1

AGE: 25 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Beaver

(Address) 421 McCulloh St

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1908.

I HEREBY CERTIFY, That I attended deceased from June 1907 to Sept 6th 1908

that I last saw h[illegible] alive on Sept 6th 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Abscess

18 Months (DURATION) DAYS

Contributory (Primary) Appendicitis

Acute (DURATION) h DAYS

(Signed) A. Lee Elser M.D.

Address 922 Mod. Ave

Date 9/6 1908.

Place of Burial Interred Ont

Date Sept 9th 1908

Undertaker Alex Hemsley

Address 518 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15480 Registered No. B C15480

# CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1822 Etting St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Clarence Winfield Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1822 Etting St

Duration of Residence in Baltimore. 4 mos. 13 da.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Apr 25 1904

AGE ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Clarence Mitchell

BIRTHPLACE OF FATHER (State or country) New Haven Conn.

MAIDEN NAME OF MOTHER Alice Neil.

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Mitchell

(Address) 1822 Etting St

Filed 9/8 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 8 1908 that I last saw h[illegible] alive on Sept 8 1908, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia.

(DURATION) 1 DAYS

Contributory (Primary.) Ac Bronchitis

(DURATION) 7 DAYS

(Signed) Edw. Short M.D.

Address 1125 Robert St

Date Sept 8 1908

Place of Burial Pat Auburn Cemt

Date Sept 9 1908

Undertaker Geo. H. Holland

Address 112 Etting St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15481 Registered No. B C15481

# CERTIFICATE OF DEATH. 137

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hartlove

{ Residence, if in Baltimore, Give Street and Number. } 440 Lakewood av

Duration of Residence in Baltimore, 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 11 1881

AGE: 26 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Ay

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hartlove

(Address) 440 Lakewood ave,

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Sept 6 1908 that I last saw h-- alive on Sept 6 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(Puerperal) a. dd. (DURATION) DAYS

Contributory (Primary.) Septicemia

(General) (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date Sept. 7 1908

Place of Burial Cedar Hill Cemetery

Date Sept 9 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C15482 Registered No. B C15482

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2001 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William W Eccleston

{ Residence, if in Baltimore, Give Street and Number. } 2001 Harlem ave

Duration of Residence in Baltimore. 40 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1846

AGE: 62 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: James Eccleston

BIRTHPLACE OF FATHER (State or country): Not known England.

MAIDEN NAME OF MOTHER: Julia Cross

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Eccleston

(Address) 2001 Harlem ave

Filed 9/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 7 1908 that I last saw h in alive on Sept 7 1908 and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

about one week (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wirt G. Darrall M.D.

Address 1609 Edmondson ave

Date Sept 7th 1908

Place of Burial London Park

Date Sept 9 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15483

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 70 Clipper Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Karlamus

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | white |
| DATE OF BIRTH | Sept (Month) 7 (Day) 1908 (Year) |
| AGE | — years, — months, 44 hours days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | 70 Clipper Ave |
| FULL NAME OF FATHER | John Karlamus |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Susie McCartie |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Kelberg

(Address) 70 Clipper Ave

Filed 9/8 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 8 1908 that I last saw h im alive on Sept 8 1908, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Cannaturity
(6½ month Skeleton)
(DURATION) 1 DAYS

Contributory unknown
(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Sept 8 1908 (Address) 36 W 3rd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudons Cemetery Chestnut Ridge Balto Co

DATE OF BURIAL Sept 9 1908

UNDERTAKER Horace Burgee

ADDRESS 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15484 Registered No. B C15484

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Hofmann

{ Residence, if in Baltimore, Give Street and Number. } 11 Winston Ave. Govanstown, Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR W

DATE OF BIRTH

AGE About 17 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hesdon d

(Address) 1022 W. Pratt av

Filed 9/5 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7, 1908

I HEREBY CERTIFY, That I attended deceased from August 21, 1908 to Sept. 7, 1908 that I last saw h alive on Sept. 7, 1908 and that death occurred, on the date stated above, at 8:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 18+ DAYS

Contributory (Primary.) Typhoid fever

(DURATION) DAYS

(Signed) Virginia Wroth, Jr. M.D.

Address Union Protestant Infirmary

Date September 7, 1908

Place of Burial Loudon Park

Date Sept 9 1908

Undertaker John C. Hough Co

Address 1422 Pennsylvania av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 (15485) Registered No. B C15485

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luke Easley

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Col. |

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Vender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 6 1908 that I last saw h and alive on Sept. 6 1908, and that death occurred, on the date stated above, at 2: 9 M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary) Intestinal Obstruction (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date Sept. 9 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 8 - 1908 190

Undertaker (Communicated Verbally) Per Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C15486 Registered No. B C15486

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1032 N. Gallington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Jube. 36

{ Residence, if in Baltimore, Give Street and Number. } 1032 N. Gallington

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE X years, X months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balti

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1145 a. m. CAUSE OF DEATH (Secondary or Immediate)

Syphilis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Joseph Carlton M.D.

Address Crane Neck

Date Aug. Sept 5 08 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 9 - 1908 190...

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C15467

Ward .....

Registered No. B C15487

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bertha Siedamgrotzki

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 64 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lawr. Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 3 1908 that I last saw her alive on Sept 3 1908, and that death occurred, on the date stated above, at 10 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Brain.

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum.

Date August September 4 1908

Place of Burial .....

Date ..... 190

Undertaker G. L. Hollyday

Address 931 N Mount St.

(WM. J. C. DULANY CO., BALTIMORE)

JOHNS HOPKINS HOSPITAL
SEP [illegible] 1909
FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

2 81

1 82

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 15488

## CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Norman

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, 1309 Druid Hill Ave

### PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH —

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/8 1908 HARRY C. ANDREWS PERMIT CLERK.

Registrar.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Sept 7 1908

that I last saw h alive on Sept 7 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary

Uremia — (DURATION) DAYS

(Signed) H. Bebee M. D.

Address Bay View Hosp —

Date Sept 7 1908

Place of Burial Int Auburn Cem

Date Sept 8th 1908

Undertaker Alex Hamerling

Address 57 E. Balto St

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CART ENCLOSED BY BLACK LINES.

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17

C15489

Registered No. C C15489

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 808 Tessier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulysses J. Thompson

Residence, Give Street and Number, 808 Tessier St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH .....1

AGE 36 years, ..... months, ..... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Ind

FULL NAME OF FATHER John A. Thompson

BIRTHPLACE OF FATHER (State or county) Ind

MAIDEN NAME OF MOTHER Olivia Oliver

BIRTHPLACE OF MOTHER (State or county) Ind

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Thompson

(Address) 808 Tessier St

Filed 9 8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 8th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Sept 8 1906

that I last saw him alive on Sept 7th 1906

and that death occurred, on the date stated above, at 12 50

a. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis et

Asthenia.

(DURATION) 40 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Sept 8th 1906

Place of Burial Laurel Cem

Date Sept 10th 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

Remarks .....

Ward ..... C15490 Registered No. B C15490

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Insane Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin Crockett.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 3 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September - 5 1908.

I HEREBY CERTIFY, That I attended deceased from June - 15 1908 to Sept - 5 1908 that I last saw h in alive on Sept - 5 1908, and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum.

Date Sept - 5 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 7 1908 190....

Undertaker G. L. Hurley

Address 931 N. Monroe St

WM. J. C. DULANY CO., BALTIMORE FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Ward 17 C15491 Registered No. B C15491

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 439 Lorraine Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie M. Rennie

{Residence, if in Baltimore, Give Street and Number.} 439 Lorraine

Duration of Residence in Baltimore. 18 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 5th 1882

AGE 26 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co. Md.

FULL NAME OF FATHER Millard Smithson.

BIRTHPLACE OF FATHER (State or country) Harford Co.

MAIDEN NAME OF MOTHER Sarah Slade.

BIRTHPLACE OF MOTHER (State or country) Harford Co.

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Rennie Jr.

(Address) 439 Lorraine Ave.

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept 6 1905 that I last saw h[er] alive on Sept 5 1908 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia following 3 month Abortion. Non-Criminal

Cause unknown (DURATION) 6 DAYS

Con'tributory (Primary.) Uterine infection.

(DURATION) 6 DAYS

(Signed) A W Gaddess M.D.

Address 2601 York Rd

Date Sept 6/08 1908

Place of Burial Loudon Park Cem.

Date Sept 9th 1908

Undertaker Fur & Furs John H. Teufel

Address 801 W. Fayette St.

OK J

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 6 10 492 Registered No. C 18492

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Steven Costin

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B.

DATE OF BIRTH ..... 1

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM

(Address) .....

Filed 9/8 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Sept 5 1908 that I last saw h in alive on Sept 5 1908 and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) 6 DAYS

(Signed) W. T. Baker M. D.

Address Bay View Hospital

Date Sept 5th 1908

Place of Burial JOHNS HOPKINS HOSPITAL SEP 5 - 1908

Date ..... 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. C 15493 08

# CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry Turner (Harry Turner)

Residence, Give Street and Number, 214 Christmas st

Duration of Residence in Baltimore, 13 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 1 1908

I HEREBY CERTIFY, That I attended deceased from did not

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 p5 P M. CAUSE OF DEATH (Secondary or Immediate,)

Adenoma Lung

Organic Dis. Heart

Nephritis ?

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. Riley, Coroner M. D.

Address 1639 - Broadway

Date Sept 3rd 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 9 - 1908 1908

Undertaker [redacted]

Address [redacted]

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C15494 Registered No. B C15494

119

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3519 Falls Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Laura V. McCauley

{Residence, if in Baltimore, Give Street and Number.} 3519 Falls Road

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 10 1849

AGE: 59 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co, Md

FULL NAME OF FATHER: David Foard

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Louisa Haynes

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McCauley

(Address) 3519 Falls Road

Filed 9/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Sept 8 1908 that I last saw her alive on Sept 8 1908, and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma (DURATION) 2 DAYS

Contributory (Primary) Acute Nephritis (DURATION) 68 DAYS

(Signed) A Newcomb M.D.

Address 765 Fulton ave

Date Sept 9 1908

Place of Burial Druid Ridge

Date Sept 10 1908

Undertaker H. S. Marshall

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B 015495

# CERTIFICATE OF DEATH.

45

(Place of Death.) No. 1210 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary M Fortman

{Residence, if in Baltimore, Give Street and Number.} 1210 Riverside ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH May 6 1862

AGE 46 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Peter Walter

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Husband)

(Informant) Bernard Fortman.

(Address) 1210 Riverside Ave

Filed Sept 8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Sept 6th 1908

that I last saw her alive on Sept 6th 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

recurrent Sarcoma (General metastases)

2 months (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. O'Donnell M.D.

Address 1240 Charles St

Date Sept 8th 1908

Place of Burial Holy Cross (A A Co)

Date Sept 9

Undertaker E. E. Hearle

Address 115 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married deceased, and the *cause and date of death.*

Ward 11

Registered No. B C15496

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Susan Turner

{Residence, if in Baltimore, Give Street and Number.} Ilchester Howard Co. Md

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Feb. 1870

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Amos Johnson

BIRTHPLACE OF FATHER (State or country) dont Know

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) dont Know

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Turner

(Address) Ilchester Howard Co.

Filed Sept 9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 8 1908 that I last saw her alive on Sept 8 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs

(DURATION) 8 DAYS

Contributory (Primary.)

Mitral Tuberculosis (DURATION) 24 DAYS

(Signed) L Holl M.D.

Address University Hospital

Date Sept 8 1908

Place of Burial St Stephens Howard Co

Date Sept. 10th 1908

Undertaker Miss Annie Easter & Sons.

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**
notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C15497

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Barker

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, .....

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt. BAY VIEW ASYLUM.

(Address) .....

Filed Sept 9 1906 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept 6 1908

that I last saw h[illegible] alive on Sept 6 1908

and that death occurred, on the date stated above, at 11.25 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

Paralysis —

(DURATION) — DAYS

Contributory (Primary) Apoplexy —

(DURATION) ..... DAYS

(Signed) J. W. Baker M. D.

Address Bay View Hosp

Date Sept 7 1908

Place of Burial St Peters Cemetery

Date Sept 9th 1908

Undertaker Wm Cook

Address 502 E. Fayette ave

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 015198

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion T. Smith

{Residence, if in Baltimore, Give Street and Number.} Selma, Alabama

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall | COLOR: W

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ala

FULL NAME OF FATHER: Oliver Smith

BIRTHPLACE OF FATHER (State or country): Ala

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Railroad Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. E. B. Ward.

(Address) Selma Ala.

Filed Sept 9 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1908 to Sept. 8, 1908 that I last saw him alive on Sept. 8, 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) DAYS

Contributory (Primary.) Exploratory Laparotomy

(DURATION) DAYS

(Signed) Ferguson Wroth Jr. M.D.

Address Union Prot. Inf.

Date Sept. 8, 1908

Place of Burial Selma Alabama

Date Sept 8 1908

Undertaker H. W. Jenkins & Sons Co

Address 300 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15499 Registered No. B C15499

# CERTIFICATE OF DEATH.

107

(Place of Death.) No. 1162 L. Mc Elder St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Pearlman

{ Residence, if in Baltimore, Give Street and Number. } 1162 L. Mc Elder St.

Duration of Residence in Baltimore. 17 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX W | COLOR W

DATE OF BIRTH Dont Know

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Hymen Lachman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Given (Informant) D. Pearlman

(Address) 1162 Mc Elder St

Filed 9/9 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-9 1908

I HEREBY CERTIFY, That I attended deceased from 8-3 1908 to 8-3 1908 that I last saw h er alive on 8-3 1908, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia (Edema) following Pregnancy.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) D. C. Stazoff M.D.

Address 116 His 22nd St.

Date 9-9 1908

Place of Burial Edna Boundale Cem 8-12

Date Sept 9 1908

Undertaker Max Linnan

Address 1532 Mc Elder

See following certificate.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 15499

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1162 L. McElday St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Pearlman

{ Residence, if in Baltimore, Give Street and Number. } 1162 L. McElday St.

Duration of Residence in Baltimore. 18 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH — — 1 —

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Hymen Lachman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Given by H. Pearlman

(Address) 1162 L. McElday St

Filed

..... 190.....

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9- 8- 1908

I HEREBY CERTIFY, That I attended deceased from 9- 3 1908 to 9- 3- 1908 that I last saw h. Ex alive on 9- 3 1908, and that death occurred, on the date ~~stated above~~, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Saphaemia Following Pregnancy.

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) A. C. Ratzoff M.D.

Address 116 His Gilt St.

Date 9- 8- 1908

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ok
F Cullen
Coroner
8/19/08.

Ward 14 C15500 Registered No. B C15500

# CERTIFICATE OF DEATH.

(Place of Death.) No. 538 E. Lelements St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Brewer

{Residence, if in Baltimore, Give Street and Number.} 538 E. Lelements St

Duration of Residence in Baltimore. 9 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 31 1908

AGE ..... years, ..... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Chas. W. Brewer

BIRTHPLACE OF FATHER (State or country) Balt.

MAIDEN NAME OF MOTHER Susie Trader

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. W. Brewer

(Address) 538 E. Lelement

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 8 1908 that I last saw h.. alive on Sept 8 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 9 DAYS

Contributory (Primary.) Premature

(DURATION) DAYS

(Signed) Le. A. Lelong M.D.

Address 435 E. Fort Ave

Date Sept 8 1908

Place of Burial Mt. Olivet Cemetery

Date September 9 1908

Undertaker Edw. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15501 Registered No. B C15501

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Eutaw Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margret V. Hugg

{Residence, if in Baltimore, Give Street and Number.} 1302 Eutaw Pl

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1

AGE: 6mf years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob N. Hugg

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Strobel

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D. Thomas Gr Jones

(Address) 1316 Linden Ave

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from May 6th 1908 to Sept 6th 1908 that I last saw h er alive on Sept. 6th 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis Chronic

Nephritis (DURATION) 1 DAYS

Contributory (Primary.) Myocarditis (DURATION) DAYS

(Signed) H. W. Chambers M.D.

Address 16 W Franklin St

Date Sept 7th 1908

Place of Burial Greenmount Cemetery

Date Wednesday Sept 9 1908

Undertaker H & E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15502

City of Baltimore, (No. 1834 Westphal Place Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Schramm

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 5 1905 (Month) (Day) (Year)

AGE: 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Schramm

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Kate Elizabeth Kimble

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schramm

(Address) 1834 Westphal place

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 8 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 8 1908 that I last saw her alive on Sept 8 1908, and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 10 DAYS

Contributory

(DURATION) 10 DAYS

(Signed) W. D. Lemke M. D.

Sept 8 1908 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: Sept 10 1908

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 1818 Light St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — C15503 — Registered No. B C15503

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1708 Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Christian Garthreith

{Residence, if in Baltimore, Give Street and Number.} 1708 Fort Ave

Duration of Residence in Baltimore. Always

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 3d 1907

AGE 1 years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Edward Garthreith

BIRTHPLACE OF FATHER (State or country) Md. (Virginia)

MAIDEN NAME OF MOTHER Magdalena Scheffler

BIRTHPLACE OF MOTHER (State or country) Here

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Opperman

(Address) 1446 Andre St

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 15th 1908 to Sept 8th 1908

that I last saw him alive on Sept 8 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis (DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Lake M.D.

Address 1510 E Fort ave

Date Sept 8 1908

Place of Burial St Paul's

Date Sept 10 1908

Undertaker Jas Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15504

Registered No. B C15504

Ward 10

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1310 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ambrose Thorn

{ Residence, if in Baltimore, Give Street and Number. } 1310 W. Pratt st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept 28 1908 |
| AGE | 48 years, 11 months, 29 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Michael Thorn |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Isabella A Smith |
| BIRTHPLACE OF MOTHER (State or country) | England |
| OCCUPATION OF DECEASED | Watchman |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Reilé

(Address) 1200 W Fayette st

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Sept 6 1908

that I last saw h alive on Sept 6 1908

and that death occurred, on the date stated above, at 3

and that the CAUSE AND DATE OF DEATH were as follows:

1. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) J. E. Bryant M.D.

Address 1302 W Lombard st

Date Sept 8 1908

Place of Burial Mount Calvary 1908

Date Sept 9th

Undertaker John J Reilé

Address 1200 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15505 Registered No. B C15505

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 697 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Bapistelle

{Residence, if in Baltimore, Give Street and Number.} 697 W. Mulberry St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 8th 1908

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Bapistelle

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nellie McGarvey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Bapistelle

(Address) 697 W. Mulberry St

Filed 9/9 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 7th 1908 to Sept 8 1908, that I last saw h alive on Sept 8 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (DURATION) 1 DAYS

Contributory (Primary.)

Pneumonia Broncho (DURATION) 7 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Balto Sept 8th 1908

Place of Burial Holy Redeemer Cem

Date Sept 9th 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE. B15506

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B15506

City of Baltimore, (No. 303, North St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Anne Gosnall
Duration of Residence in Baltimore 58 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Female | COLOR: white |
| DATE OF BIRTH: Feb. (Month) 26 (Day) 1828 (Year) | |
| AGE: 80 years, 6 months, 12 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow | |
| BIRTHPLACE (State or country): England | |
| FULL NAME OF FATHER: John Walker | |
| BIRTHPLACE OF FATHER (State or country): England | |
| MAIDEN NAME OF MOTHER: Sarah Giles | |
| BIRTHPLACE OF MOTHER (State or country): England | |
| OCCUPATION OF DECEASED: | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Gosnall son

(Address) 303 North st

Filed 9/9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to Sept 7 1908 that I last saw h[er] alive on Sept 7 1908, and that death occurred, on the date stated above, at 11 a M. The CAUSE OF DEATH was as follows:

Cancer on Stomach

(DURATION) 15 mos DAYS

Contributory Ex haustion

(DURATION) DAYS

(Signed) Sturdevant McElroy M. D.

Sept 7 1908 (Address) 1609 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | Sept 10th 1908 |
| UNDERTAKER | ADDRESS |
| George Schilling & Sons | 1126 E Monument st |

Ward 6 C15507 Registered No. B C15507

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Wetzelberger

{Residence, if in Baltimore, Give Street and Number.} No 1 N. Glover st

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 9th 1866

AGE 41 years, 10 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nicholas Wetzelberger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha E Meisner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mrs Annie Wetzelberger

(Address) No 1 N. Glover st

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 11 1908 to Sept 8 11 1908 that I last saw h-- alive on Sept 7 11 1908, and that death occurred, on the date stated above, at 1245 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Sous Used (DURATION) — DAYS

Contributory (Primary.) Edemastica

(DURATION) DAYS

(Signed) H Chambers M.D.

Address 18 W Franklin St

Date Sept 8 1908 1908

Place of Burial London Park Cemetery

Date Sept 11th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 C15508 Registered No. B C15508

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 408 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Horst

{ Residence, if in Baltimore, Give Street and Number. } 408 S. Exeter st

Duration of Residence in Baltimore. 5 7/12 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 11th 1832

AGE 76 years, 1 months, 27 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederick W. Holdefer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M Ruppert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J H Cox Niece

(Address) 408 S. Exeter st

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Sept 7 1908 that I last saw her alive on Sept 7 1908, and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) F. C. Bressler M.D.

Address 125 S Broadway

Date Sept. 8 1908

Place of Burial Baltimore Cemetery

Date September 10th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C15509 Registered No. B C15509

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip Dexel

{ Residence, if in Baltimore, Give Street and Number. } 2012 Spruce Alley

Duration of Residence in Baltimore... Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Nov 22 1873

AGE 34 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Michael Dexel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Welsh

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Dexel

(Address) 2012 Spruce alley

Filed 9/9 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 8 1908 that I last saw h im alive on Sept 8 1908; and that death occurred, on the date stated above, at 12 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fulminating Appendicitis

(DURATION) 20 hrs DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 hrs DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St.

Date Sept 8, 1908.

Place of Burial Holy Redeemer

Date Sept. 11 1908

Undertaker Robt J. Linnes

Address 1422 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE [illegible] PRINTED ON THIS [illegible]

Ward 1 A

# HEALTH DEPARTMENT, City of Baltimore.

C15510

Registered No. C C15510

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 502 S. Glover St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madeline Rosenthal

Residence, Give Street and Number, 502 S Glover St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 7 1907

AGE: 1 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: H F Rosenthal

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Catherine Mullingar

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosenthal

(Address) 502 S Glover St

Filed 9/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 8 " 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Sept 1908

that I last saw h alive on Sept 1908

and that death occurred, on the date stated above, at 6 AM M.

CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) 2 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) DAYS

(Signed) E W James M D M. D.

Address 804 Park Ave

Date Sept 1908

Place of Burial Oak Lawn

Date Sept 9th 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12th

C15511

Registered No. B C15511

# CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Sivertsen (Sivertsen)

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hospital

Filed 9/9 1908

JOHN C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1908

I HEREBY CERTIFY, That I attended deceased from August 24 1908 to Sept 8 1908

that I last saw him alive on Sept 8 1908

and that death occurred, on the date stated above, at 11:40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

40 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date September 8 1908

Place of Burial M. E. Methodist Cemetery

Date Sept 9 1908

Undertaker A. E. Hughes

Address 1761 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 5 — C15512 — Registered No. C15512 — 166

# CERTIFICATE OF DEATH.

(Place of Death.) No. N. E. cor Pratt & Hanover St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert H. Smith

Residence, Give Street and Number, 1614 Bank St.

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR White

DATE OF BIRTH ..... 1

AGE 33 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Geo. H. Smith

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Katherine Heukel

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1614 Bank St.

Filed 9/7 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 7 190 8

I HEREBY CERTIFY, That I attended ~~deceased~~ from aid and ..... 190 ..... to ..... 190 .....

that I ~~last saw h~~ ~~alive on~~ ..... 190 ..... and that death occurred, on the date stated above, at about 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Fract. Skull

Caused by fall from building

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) W. T. Riley Turner M. D.

Address 1639 Broadway

Date Sept 7 — Immed. — 190 8

Place of Burial, Cathedral Cem

Date Sept 10 08 190

Undertaker Wm Cook

Address 502 E. Fayette

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — C15513 — Registered No. B C15513

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Brinkley

{Residence, if in Baltimore, Give Street and Number.} 1820 Eastern Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 32 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Conrad Roppell

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Anne Stern

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brinkley

(Address) 1820 Eastern ave

Filed 9/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1908 to Sept 7 1908 that I last saw h[illegible] alive on Sept 7 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

About 6 Weeks (DURATION) DAYS

Contributory (Primary.)

Pulmonary Edema (DURATION) 3 DAYS

(Signed) Geo. Heller M.D.

Address 1933 Gough St

Date Sept. 7 1908

Place of Burial Mt Carmel

Date Sept 9 1908 190

Undertaker Wm Cook

Address 527 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

C15514

# HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 95

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret W Williamson

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W.

DATE OF BIRTH ..... 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 6th 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to Sept 6 1908

that I last saw h alive on Sept 6 1908

and that death occurred, on the date stated above, at 9 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) 6 DAYS

Contributory (Primary) Hypostatic Pneumonia + Paralysis (DURATION) ..... DAYS

(Signed) B F Baker M. D.

Address Bay View Hosp

Date Sept 6 1908

Place of Burial Leeden Hill

Date September 9 1908

Undertaker Wm E Evans & Son

Address 1423 N Charles St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

C15515

# HEALTH DEPARTMENT, City of Baltimore.

Ward 18

C15515

Registered No. C 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 Hollins. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Ann Steigers

Residence, Give Street and Number, 1230 Hollins St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1831

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Steigers.

(Address) 1230 Hollins St

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 7, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 7 1908

that I last saw her alive on Sept 6 1908

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) W. A. O'Neill M. D.

Address 108 N Fulton Ave

Date Sept. 7, 1908

Place of Burial Woodlawn

Date Sept 9 1908

Undertaker Jno F Cook

Address 1003 W Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C15516 Registered No. B C15516

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. St. Johns Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Collins

{ Residence, if in Baltimore, Give Street and Number. } Jacksonville Florida

Duration of Residence in Baltimore. 7 days

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 1 | |
| AGE: 55 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Georgia |
| FULL NAME OF FATHER | Not Known |
| BIRTHPLACE OF FATHER (State or country) | " " |
| MAIDEN NAME OF MOTHER | " " |
| BIRTHPLACE OF MOTHER (State or country) | " " |
| OCCUPATION OF DECEASED | Agent. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lonilla C. Collins

(Address) Jacksonville Florida

Filed 9/9 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 7 1908 that I last saw h alive on Sept 7 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Pancreas
Peritonitis and Sepsis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. L. Pierce M.D.

Address St. Johns Hospital

Date 1908

Place of Burial Jacksonville Florida

Date Sept. 9 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eaton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15517 Registered No. B C15517

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 515 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reuben Lyles

{Residence, if in Baltimore, Give Street and Number.} 515 Union St.

Duration of Residence in Baltimore. 40 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Color Am

DATE OF BIRTH: 1852 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Lewis

(Address) 515 Union St

Filed 9/9 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/7/1908

I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1908 to Sept. 7th 1908

that I last saw him alive on Sept. 7th 1908,

and that death occurred, on the date stated above, at 10:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Intestinal (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 9/8 1908.

Place of Burial Frederick Junction Frederick Co. Md.

Date September 10th 1908

Undertaker Felix B. Rice

Address 102 E. Fulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C15518

C15518

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Thames St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 17

Full Name Unign Corral

{Residence, if in Baltimore, Give Street and Number.} 1706 Thames St.

Duration of Residence in Baltimore. 8 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 30th 1869

AGE 39 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Spain

FULL NAME OF FATHER Julius Corral

BIRTHPLACE OF FATHER (State or country) Spain

MAIDEN NAME OF MOTHER Manuela Cunsolas

BIRTHPLACE OF MOTHER (State or country) Spain

OCCUPATION OF DECEASED Boardinghousekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Corral

(Address) 1706 Thames St.

Filed 9/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Sept 8 1908 that I last saw him alive on Sept 6 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmon

(DURATION) 20 DAYS

Con'tributory (Primary.) C Lawshon

(DURATION) 2 DAYS

(Signed) E C Prades M.D.

Address 1453 N Gay

Date Sept 8 1908

Place of Burial Mount Carmel Cem

Date September 9th 1908

Undertaker H. Snyder & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C15519 Registered No. B C15519

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 932 W. Lombard St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Norman A. Holmes

{Residence, if in Baltimore, Give Street and Number.} 932 W. Lombard St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 21, 1906

AGE: 1 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Edward W. Holmes

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine J. Cannon

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine J. Holmes

(Address) 732 W. Lombard St.

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1908 to Sept 8, 1908 that I last saw him alive on Sept 8, 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate

Entero-Colitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Cunningham M.D.

Address 653 Columbia Ave

Date Sept. 8, 1908

Place of Burial New Cathedral Cemetery

Date Sept 11 1908

Undertaker H. C. Branning & Son

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 — C15520 — Registered No. B C15520

# CERTIFICATE OF DEATH.

(Place of Death.) No. 843 N. Lombard Pl. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Anna E. Cummings

{Residence, if in Baltimore, Give Street and Number.} ~~Hays~~ - 843 N. Lombard St

Duration of Residence in Baltimore, Hays

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Aug 13th 1887

AGE 21 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) New York City

FULL NAME OF FATHER Lawrence Cummings

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Donahue

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Saleswoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Cummings

(Address) 843 W Lombard

Filed 9/9 1908 HARRY C. ANDREWS. Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Sept 8 1908

that I last saw her alive on Sept 8 1908

and that death occurred, on the date stated above, at 3 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 48 DAYS

Contributory (Primary) Abscess of Lungs

Hysterical asthenia (DURATION) 12 DAYS

(Signed) Henry C. Ore M.D.

Address 1703 W. Fayette St

Date Sept 8 1908

Place of Burial Cathedral Cemetery

Date Sept 10 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15521 Registered No. B C15521

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1246 S. Hare St St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Thomas Charnowske

{Residence, if in Baltimore, Give Street and Number.} 1246 S. Hare St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph Charnowske

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Chrislak.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Charnowske

(Address) 1246 S. Hare St

Filed 9/9 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 190 8

I HEREBY CERTIFY, That I attended deceased from Sept. 8 190 8 to Sept. 9 190 8

that I last saw him alive on Sept. 8 190 8

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate

Gastro Enteritis

3 wks. (DURATION) DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) C. S. Greer M.D.

Address 619 Park Ave

Date Sept. 9 190 8

Place of Burial St Stanislaus

Date Thursday Sep 10 190 8

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15522 Registered No. B C15522

# CERTIFICATE OF DEATH. 157

(Place of Death.) No. 624 S. Montford Ave St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Eva Christian

{Residence, if in Baltimore, Give Street and Number.} 624 S. Montford Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 2½ hours
0 years, months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Stanislaus Christian

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Rosa Dembek

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Christian

(Address) 624 S. Montford Ave

Filed 9/9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Sept 8 1908 that I last saw h[illegible] alive on [illegible] 8 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth (7 mos)

(DURATION) DAY

Contributory (Primary.) Congenital Failure

(DURATION) DAY

(Signed) C S Greer M.D.

Address 619 Park Ave

Date Sept. 9 1908

Place of Burial St Stanislaus

Date Wednesday Sep 9 1908

Undertaker W F Ludowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C15523 — Registered No. B C15523

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Benjamin H Tracey

{Residence, if in Baltimore, Give Street and Number.} Carroll Co. Md

Duration of Residence in Baltimore. In Hospital 1 Mo.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2 1889

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James F. Tracey

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Matilda Campbell

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Tracey

(Address) Patapsco Md.

Filed

190 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Shock. Fractured Skull by accident

(DURATION) DAYS

Contributory (Primary) Railroad accident (DURATION) DAYS

(Signed) Wm Baldwin (Coroner) M.D.

Address 700 N. Lafayette Ave

Date Sept. 9 1908.

Place of Burial Patapsco. Carroll Co Md

Date Sept. 9 1908

Undertaker [illegible]

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15524 Registered No. B C15524

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2510 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Brown

{ Residence, if in Baltimore, Give Street and Number. } 2510 Bernard St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 23 1887

AGE: 21 years, months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo Smith

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary Stuckly

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr. W. L. Brown

(Address) 2810 Bernard Ave

Filed 9/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 8 1908 that I last saw h.er alive on Sept 8 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever Re-
Cerning during
puerperium

(DURATION) DAYS

Contributory (Primary.)
(Bdell's Diagnosis) (DURATION) DAYS

(Signed) R. B. Normand M.D.

Address 3543 Chestnut Ave

Date Sept 9th 1908

Place of Burial Druid Ridge

Date Sept 11 1908

Undertaker A S Marshall

Address 1539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

C15525

# HEALTH DEPARTMENT CITY OF BALTIMORE.

## OFFICE OF [redacted] VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15525

Registered No. B.....

Registered No. D.....

City of Baltimore, (No. 1024, N Fulton Ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lefort Son & Frank Ebel Gerwig.

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: M. | COLOR: W. |
| DATE OF BIRTH: Sept (Month) 7 (Day) 1908 (Year) | |
| AGE: — years, — months, 3 days | |
| SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Balto Md. | |
| FULL NAME OF FATHER: Frank Gerwig | |
| BIRTHPLACE OF FATHER (State or country): Md | |
| MAIDEN NAME OF MOTHER: Lola Thompson | |
| BIRTHPLACE OF MOTHER (State or country): Md. | |
| OCCUPATION OF DECEASED: none | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Gerwig

(Address) 1024 N. Fulton Ave

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 9 1908 that I last saw h[illegible] alive on Sept 8 1908, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Premature birth at 7 months,

(DURATION) DAYS

Contributory General failure ? brutal to c

(DURATION) DAYS

(Signed) Wesley Dale M. D.

Sept 9 1908 (Address) 736 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peters Cemetery. | Sept 9 1908 |
| UNDERTAKER: Wm A. Rohde Son | ADDRESS: 730 Pa Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C15526

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 15526

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1 #106 S. Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Marshall

Residence, Give Street and Number, 106 S. Durham

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John T. Marshall

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Kate Meinzinger

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Marshall

(Address) 106 S. Durham

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 9 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 9 1908 that I last saw h[illegible] alive on Sept 9 1908 and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchpneumonia

(DURATION) 4 DAYS

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) P. E Lilly M. D.

Address 207 Cumberland

Date Sept 9 1908

Place of Burial Holy Redeemer

Date Sept 10 1908

Undertaker Randall Tyler & Co

Address 920 S. Bond St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C15527

Ward 16 C15527 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1103 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine Gingling

{ Residence, if in Baltimore, Give Street and Number. } 1103 N. Fulton Ave

Duration of Residence in Baltimore. 4 Hours

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 9th 1908

AGE 4 Hours
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank F. Gingling

BIRTHPLACE OF FATHER (State or country) Reisterstown Md

MAIDEN NAME OF MOTHER Katherine Reuschling

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Gingling

(Address) 1103 N. Fulton Ave.

Filed 9/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1908 to Sept. 9 1908

that I last saw h[illegible] alive on Sept. 9 1908 about 5

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery

about four hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W. Lanvale St.

Date Sept. 9/08 1908

Place of Burial Druid Ridge

Date Sept 10th 1908

Undertaker W. H. Gawthrop

Address Bartlett Lindenhres.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C15528

C15528

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard H. Hicks

{ Residence, if in Baltimore, Give Street and Number. } Bowie Md.

Duration of Residence in Baltimore. ——

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male- | COLOR White

DATE OF BIRTH about 1856

AGE about 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) "

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. B. & A. Railway

(Address) Park Ave- 9

Filed 9/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Electric Shock

Accident (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) A. Martin Coroner M.D.

Address

Date Sept 9 1908

Place of Burial Bowie Md.

Date Sept - 10 th 1908

Undertaker Jno. — M. Gaulthey

Address Hattie E. Linden Asst

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B C15529

C15529

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 548 St. Mary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Campbell

{ Residence, if in Baltimore, Give Street and Number. } 548 St. Mary St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mar. Am.

DATE OF BIRTH 1

AGE ..... years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City.

FULL NAME OF FATHER Joseph Campbell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Clara Thompson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Campbell

(Address) 548 St. Mary St.

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9, 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 9 1908, that I last saw h.. alive on Sept 8 1908, and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 7 DAYS

Con'tributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) J. Edw. Magruder, M.D.

Address 922 Madison Ave

Date Sept 9, 1908

Place of Burial St. Peter's Cemetery

Date September 10 1908

Undertaker John H. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C15530 Registered No. B C15530

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 38 South Schroeder St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rose T Carroll

{ Residence, if in Baltimore, Give Street and Number. } 38 South Schroeder St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 6 1908

AGE ..... years, 6 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Carroll

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary A Murphy

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Carroll

(Address) 38 S. Schroeder St.

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1908 to Sept 9. 1908 that I last saw her alive on Sept 8 1908 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A D Driscoll M.D.

Address 26 E. Fayette St.

Date Sept 9th 1908

Place of Burial New Cathedral Cem

Date September 10th 1908

Undertaker John J. Coward

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

Dr Driscoll

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C15531

Registered No. C C15531

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1904 E Lafayette ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna D. Hecht

Residence, Give Street and Number, 1904 E Lafayette Ave

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1835

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs D. Hecht

(Address) 1904 E. Lafayette Ave

Filed 9/10 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept- 8th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24th 1908 to Sept- 8th 1908

that I last saw h — alive on Sept- 7th 1908

and that death occurred, on the date stated above, at 12:30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Valv. Endocarditis

Oedema & Ascites

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferis Buck M. D.

Address 2544 St Paul St

Date Sept 9th 1908

Place of Burial Baltimore Cemetery

Date Sept. 10th 1908

Undertaker J. C. Schultz & Son

Address 512 N. Fulton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C15532 Registered No. B C15532

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Leon A. Daniell

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 30 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh

DATE OF BIRTH Sept 30 1841

AGE 66 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) New Orleans La

FULL NAME OF FATHER Isaiah Daniell

BIRTHPLACE OF FATHER (State or country) Georgetown S.C.

MAIDEN NAME OF MOTHER Susan Ann Weeks

BIRTHPLACE OF MOTHER (State or country) Charleston S.C.

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Jones Supt

(Address) Aged Mens Home

Filed 9/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Sept 7 1908 that I last saw him alive on Sept 8 1908 and that death occurred, on the date stated above, at 3 PM. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

1 yr. (DURATION) DA

Contributory (Primary.) Asthenia

1 mo (DURATION) DA

(Signed) H Norwood M.

Address 93 N Fayette

Date Sept 7 1908

Place of Burial Mt. Olivet Cemetery

Date Sept. 11, 1908. 190

Undertaker Geo. A. Smith Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **cause and date of death**, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **cause and date of death**, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore. C15533

Ward 7 C15533 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Campbell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Grothers

{ Residence, if in Baltimore, Give Street and Number. } 522 Campbell St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Jan. 6 1908 |
| AGE | ..... years, 8 months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore, Md. |
| FULL NAME OF FATHER | Geo. H. Grothers |
| BIRTHPLACE OF FATHER (State or country) | Wilkesbarre, Pa. |
| MAIDEN NAME OF MOTHER | Lucy Ida Horn |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore, Md. |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Grothers

(Address) 522 Campbell St.

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Sept 8 1908 that I last saw him alive on Sept 8 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

1 month (DURATION) ..... DAYS

Contributory (Primary.) Cachexia

(DURATION) 2 DAYS

(Signed) J. E. Muse M.D.

Address 535 Columbia

Date Sept 9 1908

Place of Burial St. Peters Cemetery

Date Sept. 10 1908

Undertaker Jos. Dignan & Sons

Address 1015 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C15534 — Registered No. B C15534

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Riley

{ Residence, if in Baltimore, Give Street and Number. } 1617 Ensor St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Samuel Knauer

BIRTHPLACE OF FATHER (State or country): Da

MAIDEN NAME OF MOTHER: Caroline Rullenbeck

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Riley Jr.

(Address) 1617 Ensor St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to Sept 8 1908 that I last saw her alive on Sept 8 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Extreme Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis Pulmonalis

Tubercular Enteritis (DURATION) 2 yrs ~~DAYS~~

(Signed) R. P. Carman M.D.

Address 1701 N. Carolina St

Date Sept 8 1908

Place of Burial Cathedral

Date Sept 11 1908 190

Undertaker Wm Cook

Address 502 E. Fayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C15535 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C15535

# CERTIFICATE OF DEATH.

(Place of Death.) No. 861 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Norman.

Residence, Give Street and Number, 861 Harlem ave

Duration of Residence in Baltimore, 54 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX m | COLOR w

DATE OF BIRTH ..... 1 .....

AGE 74 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. widowed

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER Robert Norman

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Mary Kinsley

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED U. S. Gauger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Cadogan

(Address) 696 N Mulberry St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Sept 8 1908

that I last saw h[illegible] alive on Sept 8 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure 12 hrs.

(DURATION) DAYS

Contributory (Primary) Typhoid Fever (DURATION) 22 DAYS

(Signed) Patrick J Walter M. D.

Address 1002 W Lafayette ave

Date Sept 9 1908

Place of Burial New Cathedral

Date Sept 11 1908

Undertaker M Cadogan

Address 696 Mulberry St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C15536 — Registered No. B C15536

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. St Lukes Hospital 116 West North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Jeanette Stiffler

{Residence, if in Baltimore, Give Street and Number.} 1570 Webster St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | July 1 1870 |
| AGE | ~~37~~ 38 years, 2 months, 7 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Harford Co. Md |
| FULL NAME OF FATHER | Wm. Armoury |
| BIRTHPLACE OF FATHER (State or country) | Harford Co |
| MAIDEN NAME OF MOTHER | Frances Stiffler |
| BIRTHPLACE OF MOTHER (State or country) | Harford Co |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Simms

(Address) 1709 N. Charles St.

Filed 9/10 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 8 1908 that I last saw h er alive on Sept 7 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma Stomach (DURATION) 18 M DAYS

(Signed) Joseph I Garrey M.D. Supt. St Lukes Hosp

Address 848 N. Mosh Ave

Date Sept 8 1908

Place of Burial Loudon Park.

Date Sept. 10 — 1908

Undertaker E.W. Mitchell

Address 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C15537 Registered No. B C15537

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Ann Anna Jenny

{Residence, if in Baltimore, Give Street and Number.} 513 N. Carrollton Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 78 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): A.A. Co. Md.

FULL NAME OF FATHER: Wm. Shipley

BIRTHPLACE OF FATHER (State or country): A.A. Co.

MAIDEN NAME OF MOTHER: Sarah Linthicum

BIRTHPLACE OF MOTHER (State or country): A.A. Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. R. Shipley

(Address) 513 N. Carrollton ave

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to Sept. 9 1908

that I last saw h-- alive on Sept 9 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Old age and Apoplexy (DURATION) 1 DAYS

(Signed) Calvin Duffy M.D.

Address Franklin Sq. Hospital

Date Sept. 9. 1908 190

Place of Burial Wellhams. A.A. Co. Md

Date Sept. 12 — 190 8.

Undertaker E. W. Mitchell

Address 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C15538 Registered No. B C15538

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3019 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T. Brown

{Residence, if in Baltimore, Give Street and Number.} 3019 Hudson St.

Duration of Residence in Baltimore. 34 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 18 1844

AGE: 63 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Loudon Co. Va.

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Loudon Co. Va.

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Loudon Co. Va.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Annie Brown

(Address 3019 Hudson St

Filed 9/10 190 8 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Sept 8th 1908 that I last saw h[illegible] alive on Sept 7th 1908, and that death occurred, on the date stated above, at 1.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Senile Pleuritis (DURATION) Three DAYS

(Signed) C. W. Lilly M.D.

Address 3200 Hudson St

Date Sept 9th 1908

Place of Burial Holy Cross Cemetery

Date SEP 11th 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C15539 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 15539

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Crumpton

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| M. | W. |

DATE OF BIRTH ..... 1 .....

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Sept 8 1908 that I last saw h[illegible] alive on Sept 8 1908 and that death occurred, on the date stated above, at 6.50 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Thesis — (DURATION) — DAYS

(Signed) W H Baker M. D.

Address Bay View Hosp

Date Sept 8 1908

Place of Burial Sacred Heart Cemt.

Date Sept. 10, 1908

Undertaker Chas. L. Evans.

Address 118 & 120 W. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C15540 Registered No. B C15540

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 320 East 20½ St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emmet Scales

{Residence, if in Baltimore, Give Street and Number.} 320 East 20½ St

Duration of Residence in Baltimore. 19 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Son John Scales

(Address) 320 E. 20½ St

Filed 9/10 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 8 1908

that I last saw h~~im~~ alive on Sept 8 1908

and that death occurred, on the date stated above, at 4.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 9 years ~~DAYS~~

Con tributory (Primary.) Arterio-sclerosis

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date Sept 9th 1908

Place of Burial Mt Auburn

Date Sept 11 1908

Undertaker R a Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15541

Ward 5 Registered No. B C15541

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Scott

{ Residence, if in Baltimore, Give Street and Number. } 1231 Short Alley.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son.

(Address) 1231 Short alley

Filed 9/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 7" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Sept 7 1908

that I last saw h— alive on Sept 7 1908,

and that death occurred, on the date stated above, at 7 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chron. nephritis and uremia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k McHane M.D.

Address Johns Hopkins Hospital

Date 9-8-08 1908

Place of Burial Asbury

Date Sept-10 1908

Undertaker R A Edwards

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C15542

Ward 17 C15542 Registered No. B 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. 562 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Mendz

{Residence, if in Baltimore, Give Street and Number.} 562 Orchard St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Color. Am.

DATE OF BIRTH 1878 1

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER James Mendz

BIRTHPLACE OF FATHER (State or country) Balto. City.

MAIDEN NAME OF MOTHER Alice Hall

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Moore

(Address) 562 Orchard St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8th, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1908 to Sept. 8th 1908 that I last saw h[illegible] alive on Sept. 7th 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Ileo Colitis Hemorrhage

(DURATION) 4 DAYS

Contributory (Primary) Probably Typhoid Fever

(DURATION) 25 DAYS

(Signed) C. Lee Ellis M.D.

Address 922 Mad. Ave

Date Sept. 9th 1908

Place of Burial Mt Auburn

Date Sept 10th 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Ba[illegible]

Ward 7X C15543 Registered No. B C15543

8V

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter E. Dye

{Residence, if in Baltimore, Give Street and Number.} 121 S. Third Street Marietta Ohio

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. A. Taylor.

(Address) Marietta Ohio

Filed 9/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9" 1908

I HEREBY CERTIFY, That I attended deceased from July 22 1908 to Sept 9 1908 that I last saw him alive on Sept 9 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Embolism.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hare M.D.

Address Johns Hopkins Hospital

Date Sept 9" 1908

Place of Burial Marietta Ohio

Date Sept 10 1908

Undertaker Allen & Fullerton

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT,

Ward 6 — C15544 — Registered No. B C15544

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 25 N. Grove St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George W. Morton

{Residence, if in Baltimore, Give Street and Number.} 25 N. Grove

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb. 22 1858

AGE 49 years, 6 months, 16 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Morton

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Flora McIntosh

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Morton

(Address) 25 N. Grove St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw him alive on ~~1908~~,

and that death occurred, on the date stated above, at 8:50 P.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullus M.D.

Address Cor Mc & Fay

Date Sept 8- 08. 190

Place of Burial Mt. Olivet Cemetery

Date Sept. 11 1908

Undertaker Wm C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore. C15545

Ward 3 C15545 Registered No. C 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 814 S Bond St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladislav Prekr

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1

AGE: 1 years, 7 months, - days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Frank Prekr.

BIRTHPLACE OF FATHER (State or couuty): Austria

MAIDEN NAME OF MOTHER: Maggie Paskewicz.

BIRTHPLACE OF MOTHER (State or county): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Prekr.

(Address) 814 S. Bond St

Filed 9/10 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1908 to Sept 9. 1908

that I last saw h alive on .. 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteritis

(DURATION) 14 DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

(Signed) W. J. Reysonds M. D.

Address 2600 Boston Ave

Date Sept 10 - 1908

Place of Burial St Stanislaus

Date Friday Sept 11 .. 1908

Undertaker M F. Sadowski.

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. C 15546 67

# CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Maple Ave. (Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Smith, S. Griffith.

Residence, Give Street and Number, 4 Maple Ave.

Duration of Residence in Baltimore, 20 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male | COLOR: white

DATE OF BIRTH: June 13 1844

AGE: 64 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married.

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Adam. Griffith

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sussie. A. Griffith

(Address) 4 Maple Ave.

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 9th 1908

I HEREBY CERTIFY, That I attended deceased from Sept-8 1908 to Sept-9 1908 that I last saw h— alive on Sept 9th 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

General Paralysis
Coma + collapse

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. H. Feldman M. D.

Address 800 1st Ave

Date Aug 15 1908

Place of Burial Holy Cross Cemetary

Date Sept 11th 1908.

Undertaker Wm. E. Chenoweth & Sons

Address 919 Third Ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH D[illegible]

Ward 10 C15547 Registered No. B C15547

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 Aisquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Watson C. E. Sommerlatte

{Residence, if in Baltimore, Give Street and Number.} 1039 Aisquith

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 27th 1907

AGE: 1 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Sommerlatte

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Clara G. Stepler

BIRTHPLACE OF MOTHER (State or country): N. J.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sommerlatte

(Address) 1039 Aisquith

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 9. 1908 to Sept. 9. 1908

that I last saw him alive on Sept. 9. 1908

and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Spasms

(DURATION) 2 Hours

Contributory (Primary.) Acute Indigestion

(DURATION) DAYS

(Signed) J. J. Lebold M.D.

Address 1001 Aisquith St.

Date Sept. 10. 1908

Place of Burial Loudon Park

Date 9/11/08 190

Undertaker J. Hennig Son

Address 1008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Carolina st

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B C15548

C15548

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2224 E Madison St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Isabella Viernig

{Residence, if in Baltimore, Give Street and Number.} 2224 E Madison St

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 1st 1863

AGE: 45 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Conrad Runkele

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Catherine Kerner

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Viernig

(Address) 2224 E Madison St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 10 - 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 6 - 1908 to Sept. 10 - 1908 that I last saw h alive on Sept. 9 - 1908, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

5 years (DURATION) DAYS

Contributory (Primary.) Uremic convulsions (DURATION) 4 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date September 10 1908

Place of Burial St Peters Cem.

Date Sept 12th 1908

Undertaker Marsh Fisher & Sons

Address 606 Gaylord Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE BACK HEREOF.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7 1

C15549

Registered No. C 15549

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 720 N. Front St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Shipley

Residence, Give Street and Number, 720 N. Front St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: May 20 1874

AGE: 34 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Jas. F. Shipley

BIRTHPLACE OF FATHER (State or county): Balto.

MAIDEN NAME OF MOTHER: Annie Fauntz

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Shipley

(Address) 720 N. Front St.

Filed 9/10 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to Sept 9 1908

that I last saw him alive on Sept 8 1908

and that death occurred, on the date stated above, at 1 P. M., CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary tuberculosis

about 6 mos
(DURATION) ..... DAYS

Contributory (Primary) acute Bronchitis

tuberculosis (DURATION) about 6 mos DAYS

(Signed) W. E. Kunkel M. D.

Address 1102 N. Eutaw

Date 9-11 1908

Place of Burial Mt Clare

Date Sept 11 1908

Undertaker Jno Cook.

Address 502 E North Ave.

Remarks .....

WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WHO ATTENDED DECEASED DURING HIS OR HER LAST SICKNESS, OR THE CORONER, WHEN THE CASE COMES UNDER HIS NOTICE, TO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C15550

C15550

Ward 15 Registered No. B 6

# CERTIFICATE OF DEATH.

(Place of Death.) No. 616 St. Baker (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannie Patterson

{Residence, if in Baltimore, Give Street and Number.} 616 Baker St.

Duration of Residence in Baltimore. 32 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Nettie L Callis

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Augustus Callis

(Address) 616 Baker St

Filed 9/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1908 to Sept. 10th 1908 that I last saw her alive on Sept. 8th 1908, and that death occurred, on the date stated above, at 11.30

A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Mary Cook Willis M.D.

Address 710 Hanover St.

Date Sept. 10th 1908

Place of Burial Laurel Md

Date Sept 12th 1908

Undertaker Clarence E Wright

Address 1267 Mc Henry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward V

C15551

Registered No. B C15551

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 615 S. Bond St Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonora Skutnik

{ Residence, if in Baltimore, Give Street and Number. } 615 S. Bond Street Baltimore Md

Duration of Residence in Baltimore. all time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Whit

DATE OF BIRTH 1

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngle

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Rock Skutnik

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Teresa Iwolinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rock Skutnik

(Address) 615 S Bond St

Filed 9/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 September 1908

I HEREBY CERTIFY, That I attended deceased from 23 July 1908 to 6 September 1908

that I last saw h Leonora alive on 6 September 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr Joseph Abrams M.D.

Address 58 S Broadway

Date 10 September 1908

Place of Burial Holy Rosary

Date Sept. 11 1908

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 Registered No. B C15552

# CERTIFICATE OF DEATH.

(Place of Death.) No. 10 E. Mt. Royal ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosa Blanche Woodyear

{Residence, if in Baltimore, Give Street and Number.} 10 E. Mt. Royal ave

Duration of Residence in Baltimore. all life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH March 5th 1848

AGE 60 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Shepard

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Laura Findley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W. E. Woodyear

(Address) 10 E. Mt Royal ave

Filed Sept 11 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Sept. 9 1908 that I last saw her alive on Sept. 9 1908, and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 12 hrs DAYS

Contributory (Primary.) Bright's Disease Interstitial

(DURATION) DAYS

Signed) Jos. McGlenaghen M.D.

Address 1730 N. Charles St.

Date Sept. 10 1908

Place of Burial Greenmount Cemetery

Date September 14th 1908

Undertaker Stewart & Mowen Co.

Address 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Time attended C.H.J

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B C15553

97

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin A. Freeman

{Residence, if in Baltimore, Give Street and Number.} 1023 Ensor.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 13 1868

AGE 40 years, 5 months, 28 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James Freeman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Gorman

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Com. Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Freeman

(Address) 1023 Ensor St

Filed Sept-11 1908 HARRY O'S ANDREWS, Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1908 to Sept 10 1908, that I last saw h— alive on Sept 10 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure due to Thrombus.

½ hour (DURATION) DAYS

Contributory (Primary) General thrombus formation — Veins, (DURATION) 4 DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument

Date Sept. 10 1908

Place of Burial Cathedral Cemetery

Date Sept. 12 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, C...

Ward 5 Registered No. BC15554

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1215 High Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth E. Brockenbrough

{Residence, if in Baltimore, Give Street and Number.} 1215 High Alley.

Duration of Residence in Baltimore. Life 27 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ... 1 ...

AGE 67 years 8 months 29 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Ambrose Foster

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Frances Childress

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Powers

(Address) 1215 High alley

Filed Sept 11 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

... (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner Wds

Date Sept 9 — 08 190...

Place of Burial Bells Cemetery

Date Sept 11 1908

Undertaker F. Stevens & Co

Address 1607 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15555

17

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81

# CERTIFICATE OF DEATH.

Registered No. BC15555

City of Baltimore, (No. 503 W. Lafayette ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline T. Finneman

### PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH April (Month) 27 (Day) 1840 (Year)

AGE 68 years, 4 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Nehemiah Goldberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fanninietz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Finneman

(Address) 503 W Lafayette ave

Filed Sept 11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 9 1908 that I last saw h alive on Sept 9 1908, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 4 DAYS

Contributory Senile arteries Sclerosis (DURATION) DAYS

(Signed) Dr. Holland M. D.

Sept 10 1908 (Address) 1624 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bath. Hebrew Cem. Sep 11 DATE OF BURIAL 1908

UNDERTAKER G. Theus & Co ADDRESS 1607 Madison ave

### Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B.....

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2043 Eagle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barney Polikoff

{ Residence, if in Baltimore, Give Street and Number. } 2043 Eagle St.

C15556

Duration of Residence in Baltimore. 5 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept. 10 1908

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Lazar Polikoff

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Kushner

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. B. Bordensky, M.D.

(Address) 507 S. Pulaski St.

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Sept. 10 1908

that I last saw him alive on Sept. 10 1908,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) 3 mos. DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) N. B. Bordensky, M.D.

Address 507 S. Pulaski St.

Date Sept. 10 1908

Place of Burial Washington Road Cemetery Congregation Mjores Montefiore Anshai Sfard

Date Sept 11 1908

Undertaker Mc Ginnis - Carroll

Address 1327 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Registered No. B 15557

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1430 N. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles J. Wittler Jr.

{ Residence, if in Baltimore, Give Street and Number. } 1430 N. Bond

C 15557

Duration of Residence in Baltimore. 14 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Aug. 18th 1908

AGE ✓ years, ✓ months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. J. Wittler

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret O. Boehm

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J. Wittler

(Address) 1430 N. Bond

Filed 9/11 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Sept. 11 1908

that I last saw h[im] alive on Sept. 10 1908

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exanition

(DURATION) 3 DAYS

Con'tributory (Primary) Same

(DURATION) DAYS

(Signed) J. L. Wimmer M.D.

Address 130 S. Broadway

Date Sept. 11 1908

Place of Burial Mt Carmel Cemetery

Date Sept 11/08 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B C15558

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1420 Mosher St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Conroyd (Conroyd)

{Residence, if in Baltimore, Give Street and Number.} 1420 Mosher St.

Duration of Residence in Baltimore. 70 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 88 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Penna |
| FULL NAME OF FATHER | Phillip Conroyd |
| BIRTHPLACE OF FATHER (State or country) | Scotland |
| MAIDEN NAME OF MOTHER | Teresa Staub |
| BIRTHPLACE OF MOTHER (State or country) | Penna |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Schaffer

(Address) 1420 Mosher St.

Filed 9/11 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Sept. 9th 1908 that I last saw her alive on Sept. 8th 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage from lungs

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Wm. Nicholls M.D.

Address 30 N. Fulton Ave.

Date Sept. 9th 1908

Place of Burial New Cathedral Cem

Date Sept - 11 - 1908

Undertaker Crowley Bros

Address 251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

Registered No. B C.15509

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1407 Nard st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary G. Gamble

{ Residence, if in Baltimore, Give Street and Number. } 1407 Nard st "

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1.....

AGE: 1 years, 2 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baer city

FULL NAME OF FATHER: Charles Gamble

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 1407 Nard St

Filed 9/11 190.8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 8. 1908

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N La Fayette ave

Date Sept. 10. Coroner 1908

Place of Burial Pt Auburn cemetery

Date Sept 11 1908

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his otice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eceased, and the ***cause and date of death.***

Registered No. B C15560

# CERTIFICATE OF DEATH.

(Place of Death.) No. 836 Maugold — St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles R. Rehmert

{ Residence, if in Baltimore, Give Street and Number. } 836 Maugold St.

Duration of Residence in Baltimore. 48 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1854

AGE 54 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles C. Rehmert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Carrie T. Wise

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August H. Rehmert

(Address) 836 Maugold St.

Filed 9/11 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate

Acute Indigestion

(DURATION) ... DA...

Contributory (Primary.)

Heart Disease (DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Sept 11 190 8

Place of Burial Baltimore

Date Sept. 13 190 8

Undertaker John J. Curran

Address 901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15561

C15561

Registered No. B

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1543 Kensington place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A C Leary

{ Residence, if in Baltimore, Give Street and Number. } Dec 1543 Kensington Place

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5 1908

AGE: ..... years, 1 months, 5 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James P C Leary

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary A Bell

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James P C Leary

(Address) 1543 Kensington Place

Filed 9/11 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 4 190 8 to Sept 10 190 8

that I last saw h.. alive on Sept 9 190 8,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac asthenia

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 731 Cathedral St

Date 190

Place of Burial Cathedral

Date Sept 11 190 8

Undertaker John J. Cowan

Address 901 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15562 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 340 E. 23½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virgie Camper.

{Residence, if in Baltimore, Give Street and Number.} 340 East 23½ St.

C 15562

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 18 1908

AGE: ——— years, 5 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimor, Md

FULL NAME OF FATHER: John Anderson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Henretta Camper.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta camper

(Address)

Filed 9/11 1908 HARRY D. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1908

I HEREBY CERTIFY, That I attended deceased from August 25 08 to Sept 8 08

that I last saw her alive on Sept 7 1908

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Reginald S. Tonry M.D.

Address 2206 York Road

Date Sept 8th 1908

Place of Burial Laurel Cem

Date Sept 11 1908

Undertaker R. A. Elliott

Address 5.06 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...RTMENT, City of Baltimore. C15563

Ward 17 Registered No. C.....

# CERTIFICATE OF DEATH. 92

(Place of Death.) No. 2744 Belmont Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reuben Elliott

Residence, Give Street and Number, 2744 Belmont Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | Col, |

DATE OF BIRTH .....1.....

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER Henry Elliott

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Eliza Bailey

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 2744 Belmont Ave

Filed 9/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from about Aug. 1 1908 to Sept 9 1908

that I last saw him alive on Sept 8 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Catarrhal Pneumonia

Lobular (DURATION) 3 or 4 DAYS

(Signed) Haython Bayless M. D.

Address Glenelg Md R 22

Date Sept 9 1908

Place of Burial Laurel

Date Sept 11 1908

Undertaker W. T. Ellicott

Address 506 Royster Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 015564

# CERTIFICATE OF DEATH.

90

(Place of Death.) No. 2410 Belmont Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sallie Jane Jones

{Residence, if in Baltimore, Give Street and Number.} 2410 Belmont Ave

Duration of Residence in Baltimore. 10 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Ashland

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Catherine Bundy

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Rev John W. Jones

(Address) 2410 Belmont Ave

Filed 9/11 1908 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept 9 1908 that I last saw h-r alive on Sept 9 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. & G. Schinell M.D.

Address 424 East 25 St.

Date Sept. 16 1908

Place of Burial Laurel

Date Sept 11 1908

Undertaker R. F. Elliott

Address 506 Roger Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *nty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150 c

# CERTIFICATE OF DEATH.

Registered No. B C15565

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 622 E Eager St St.; 10 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME James P. Bannon

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: male | COLOR: White |
| DATE OF BIRTH: Sept (Month) 6 (Day) 1908 (Year) | |
| AGE: ....years, ....months, 4 days | |
| SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country): America | |
| FULL NAME OF FATHER: Hugh Bannon | |
| BIRTHPLACE OF FATHER (State or country): Ireland | |
| MAIDEN NAME OF MOTHER: Catherine O'Neil | |
| BIRTHPLACE OF MOTHER (State or country): Ireland | |
| OCCUPATION OF DECEASED: none | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 622 E. Eager St

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH: Sept (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 10 1908 that I last saw h[e] alive on Sept 10 1908; and that death occurred, on the date stated above, at 10:30 A. M. The CAUSE OF DEATH was as follows:

Malformation of Rectum being unable to pass Contents of Bowel

(DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) James M. Fenton M. D.

Sept 10 1908 (Address) 706 E. Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 11 1908

UNDERTAKER: K. C. Windefeld — ADDRESS: 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

ceased, and the *cause and date of death.*

*Name, Sex, age, condition* (whether married or single) of the person

C15566 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N. Crane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine A. Linse

{Residence, if in Baltimore, Give Street and Number.} 120 N. Crane St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 11 1908

AGE ——— years, 6 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank Linse

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Marsh

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Linse

(Address) 1530 Boyle St.

Filed 9/11 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1908

I HEREBY CERTIFY, That I attended deceased from August 1908 to Sept 9 1908 that I last saw h— alive on Sept 8 1908, and that death occurred, on the date stated above, at 1— P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Marasmus

(DURATION) 6 Mos

(Signed) R. E. Campbell M.D.

Address 1644 Hanover

Date Sept 9 1908

Place of Burial Mt Olivet

Date Sept 11 190—

Undertaker John E Evans & Sons

Address 1425 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15567 Registered No. B C15567

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1538 Clarkson st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilbus M. Heil

{Residence, if in Baltimore, Give Street and Number.} 1538 Clarkson st.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 9 1908

AGE: ..... years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Heil

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Miss Dorsett.

BIRTHPLACE OF MOTHER (State or country): Knoxville Tenn.

OCCUPATION OF DECEASED: Mom.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Heil

(Address) 1538 Clarkson

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 11 1908 that I last saw h[im] alive on Sept 10 1908, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Acute Spinal Meningitis (DURATION) 2 DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Harlem st.

Date Sept 11 1908

Place of Burial London Park

Date Sept. 12 1908

Undertaker D. Frew McCully

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15568 Registered No. B .....

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Friendsbury Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Nancy Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1726 Friendsbury Place

C15568

Duration of Residence in Baltimore. 27 yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | 1 |
| AGE | 68 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widow |
| BIRTHPLACE (State or country) | Calvert Co Md |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Nun |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 9/11 1908 HARRY G. ANDREWS, [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1908

I HEREBY CERTIFY, That I attended deceased from August 10 1908 to Sept. 9 1908

that I last saw h.er alive on Sept. 8 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Con'tributory (Primary.) Injured Cranium Cause

Ruptured Blood Vessel (DURATION) ..... DAYS

(Signed) Wm J H Wright M.D.

Address 1323 N. Conway St

Date Sept 9, 1908

Place of Burial Fair Hawkinsville

Date Sept 11 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C15569

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1617 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Fleet.

{Residence, if in Baltimore, Give Street and Number.} 1617 Druid Hill Ave.

C15569

Duration of Residence in Baltimore. 17

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 (29) years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): [redacted]

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lilian Sutton

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Hand Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman

Filed 9/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1908 to Sept. 9, 1908 that I last saw her alive on Sept 9 1908, and that death occurred, on the date stated above, at 10:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac & Respiratory Failure

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tub-Erculosis (DURATION) 10 mos ~~DAYS~~

(Signed) Wm H. Wright M.D.

Address 1373 N. Caroline St

Date Sept. 9, 1908.

Place of Burial Laurel Cemetery

Date Sept 11 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH.

166

(Place of Death.) No. Mda. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman W Smith

{ Residence, if in Baltimore, Give Street and Number. } 2118 E. Fayette St

C 15570

Duration of Residence in Baltimore. 15 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March 1890

AGE 18 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER Emphrey B Smith

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Rosy Wolf

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Window Cleaner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Holly V Smith

(Address) 2116 E. Fayette.

Filed 9/11 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908..... to .....1908.....

that I last saw h..... alive on .....1908.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock + Fracture of Skull

Eight hours (DURATION) ..... DAYS

Contributory (Primary.) Accidental fall from window (DURATION) ..... DAYS

(Signed) Jno. A. Robertson M.D.

Address 700 Eag. Ave. Canton

Date Sept. 10th 1908

Place of Burial Glen Rock Pa

Date 9-12 th 1908

Undertaker Wm. H. Gauthrop

Address Tenth & Lindenhaus

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

C155571

Registered No. B.....

City of Baltimore, (No. 727, Roland Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose E Benzinger.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 16th 1828 (Month) (Day) (Year)

AGE: 80 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Finckenauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Müller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rubrah

(Address) 839 N Eutaw St.

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CL[illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 10th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 10 1908 that I last saw her alive on Sept 10 1908, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) Two Days

Contributory .....

(DURATION) ..... DAYS

(Signed) J C Shelley M. D.

Sept 10 1908 (Address) 384 W Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mount Cathedral — DATE OF BURIAL: Sept 12th 1908

UNDERTAKER: H W Jenkins Sons Co — ADDRESS: 300 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B C15572

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2007 Baker st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michele Russo (Russo)

{ Residence, if in Baltimore, Give Street and Number. } 532 Colvin st.

C15572

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH E. 1880

AGE 28 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER John Russo

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Antonina Sirosi

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Russo

(Address) 532 Colvin St

Filed 9/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Sept 10 1908 that I last saw him alive on Sept 10 1908, and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral and aortic Regurgitation.

Pericholinatous Nephritis

oedema.

(DURATION) DAYS

Contributory (Primary.) heart failure.

(DURATION) 10 minutes.

(Signed) Arthur W. Livingston M.D.

Address 2007 Baker st

Date Sept 10 1908

Place of Burial St Vincent's

Date Sept 12 1908

Undertaker Jos. Cook & Co.

Address 1003 Balt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15573

City of Baltimore, (No. 525 Welcome Alley St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Abel

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH (Month) (Day) (Year) | Dec 17 1822 |
| AGE | 85 years, 8 months, 23 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Gery |
| FULL NAME OF FATHER | John Abel |
| BIRTHPLACE OF FATHER (State or country) | Gery |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | " |
| OCCUPATION OF DECEASED | Baker |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margaret Abel

(Address) 525 Welcome Alley

Filed 9/11 1908 HARRY O. [illegible] PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7th 1908 to Sept. 10th 1908 that I last saw him alive on Sept. 10th 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Old Age (DURATION) DAYS

Contributory Nephritis (DURATION) 14 DAYS

(Signed) H. J. Carrick M. D.

Sept. 11th 1908 (Address) 1427 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Ballo Brun

DATE OF BURIAL Sept. 13th 1908

UNDERTAKER C. Schloman Sons

ADDRESS 129 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15574 Registered No. B 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N. Carey St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Henry Hoover

{Residence, if in Baltimore, Give Street and Number.} 211 N. Carey St.

Duration of Residence in Baltimore. 20 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | January 12 1842 |
| AGE | 66 years, 8 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Washington Co Md |
| FULL NAME OF FATHER | Eli Hoover |
| BIRTHPLACE OF FATHER (State or country) | Washington Co Md |
| MAIDEN NAME OF MOTHER | Rachel Derr |
| BIRTHPLACE OF MOTHER (State or country) | Washington Co Md |
| OCCUPATION OF DECEASED | Retired |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hoover

(Address) 211 N. Carey St

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 11 1908

I HEREBY CERTIFY, That I attended deceased from Sep 10 1908 to Sep 11 1908 that I last saw h[er] alive on Sep 11 1908 and that death occurred, on the date stated above, at 3.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 1 yr

(Signed) M D Burch M.D.

Address 828 N. Carrollton Ave

Date Sep 11 1908

Place of Burial Hagerstown Md

Date Sept 14 1908

Undertaker George J. Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C15575 Registered No. C 15575

# CERTIFICATE OF DEATH. 109

(Place of Death.) No. 1036 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Joseph Hellein

Residence, Give Street and Number, 1036 N Central Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH February 4 1908

AGE ..... years, 7 months, 6 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Louis H. Hellein

BIRTHPLACE OF FATHER (State or couuty) City

MAIDEN NAME OF MOTHER Annie M. Unkelbach

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Louis H. Hellein

(Address) 1036 N Central Ave.

Filed 9/11 1908 HARRY O. ANDERSON PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 10 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to Sept 9 1908

that I last saw him alive on Sept 10 1908

and that death occurred, on the date stated above, at 1 30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Intestinal

sickness Incurable (DURATION) 6 DAYS

(Signed) Pierce G Dawson M. D.

Address 121 Jackson Square

Date Sept 10 1908

Place of Burial Holy Redeemer Cemetery

Date Sept 12 1908

Undertaker Henry Stocksdale

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C15576 Registered No. B C15576

40

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David G. Ogle

{Residence, if in Baltimore, Give Street and Number.} Union Bridge, Md

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1833

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Carroll Co Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Gardener.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm D. Ogle

(Address) Union Bridge Md.

Filed 9/12" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Sept 11 1908 that I last saw him alive on Sept 11 1908, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Carcinoma of stomach (DURATION) several yrs DAYS

(Signed) S. H. Streett M.D.

Address Md Genl Hosp.

Date Sept 11 1908

Place of Burial Union Bridge Md.

Date Sep. 11 1908

Undertaker Frank J. Shriver

Address Union Bridge Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15577 C15577

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 618 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick M. Hoffman

{Residence, if in Baltimore, Give Street and Number.} 618 S Rose St,

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 22 1907

AGE 1 years, ..... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Martin Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Kaehler

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Hoffman

(Address) 618 S. Rose St

Filed 9/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 10 1908

that I last saw h— alive on Sept 10 1908,

and that death occurred, on the date stated above, at 10.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis (DURATION) 21 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date Sept. 12 1908

Place of Burial Sacred Heart Cem

Date Sept 12 1908

Undertaker Wendell & Uppet & Ave.

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15578 Registered No. B C15578

# CERTIFICATE OF DEATH. 17

(Place of Death.) No. 135 W. Lee St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Morton Green

{ Residence, if in Baltimore, Give Street and Number. } 135 W. Lee St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28th 1855

AGE 52 years, 10 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles Bennett Green

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Virginia M. Groom

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lista H. Hergand

(Address) 1011 Madison ave

Filed 9/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Sept 10th 1908

that I last saw h.. alive on Sept 10 1908 (about 11)

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Tuberculosis of Lungs (DURATION) DAYS

(Signed) Wm. E. Hergand M.D.

Address 1011 Madison ave

Date Sept 11th 1908.

Place of Burial Green Mount

Date SEP 12 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15579

Ward..... Registered No. C.....

# CERTIFICATE OF DEATH.

1908

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Bourgeois.

Residence, Give Street and Number, Bay View Hospital

Duration of Residence in Baltimore, C.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR B.

DATE OF BIRTH — 1

AGE 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 9/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 10 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 10 1908

that I last saw h e alive on Sept 10 1908

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystenuclear

(DURATION) — DAYS

Contributory (Primary) Nephritis.

(DURATION) ..... DAYS

(Signed) B. R. Eckhart M. D.

Address Bay View Hospital

Date Sept 10 1908

Place of Burial Sacred Heart Cemt.

Date Sep. 12, 1908.

Undertaker Chas. H. Evans

Address 118-120 W. Mt. Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15580 Registered No. B C15580

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1403 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Keeling

{Residence, if in Baltimore, Give Street and Number.} 1403 Jefferson St.

Duration of Residence in Baltimore. Lifetime 7 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept. 9, 1868

AGE 40 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Barney Johnson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rachael Johnson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Melanda

(Address) 1403 Jefferson St.

Filed 9/12 1908 HARRY [illegible] ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 — 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Sept 10 1908 that I last saw h[illegible] alive on Sept 10 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis

(DURATION) 4 DAYS

Con'tributory (Primary) Labor Pneumonia

& Heart Incompetency (DURATION) 34 DAYS

(Signed) W. T. Harris M.D.

Address 1344 Druid Hill Ave

Date Sept 10 — 1908

Place of Burial Mt. Lizah Cemetery

Date Sept. 13. 1908

Undertaker Joseph G. Locke

Address 1302 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C15581 — Registered No. C C15581

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Murphy

Residence, Give Street and Number, 1108 E Federal

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: W

DATE OF BIRTH: Dec 1 1850

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Wm Quinn

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Smiley

BIRTHPLACE OF MOTHER (State or county): New York.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. F. Murphy

(Address) 1108 E Federal

Filed 9/12 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Sept 11 1908 that I last saw h[illegible] alive on Sept 11 1908 and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 6 DAYS

Contributory (Primary) Movable Kidney 1 yr.

with Uraemia & Kidney (DURATION) 9 DAYS

(Signed) A. Celsidis M. D.

Address 1519 N. Carolina St.

Date Sept. 11, 1908

Place of Burial Loudon Park

Date Sept 14 1908

Undertaker Robt Stevens

Address 1424 N. Gilmor

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] C15582 Registered No. B C15582

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Hannah Meiler~~

" " Johanna Meiler — Correct name

{ Residence, if in Baltimore, Give Street and Number. } — Steamer Main North German Lloyd

Duration of Residence in Baltimore. Two days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 30 1894

AGE 14 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Meiler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Bomberg

(Address) 1720 Wilkens Ave

Filed 9/12 1908 MARY G. ANDREWS, [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1908 to Sept. 11 1908 that I last saw h[illegible] alive on Sept. 11 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

(DURATION) DAYS

Con'tributory (Primary) Tuberculosis

Meningitis. (DURATION) DAYS

(Signed) Von Ochmitz M.D.

Address City Hospital

Date Sept. 11 1908.

Place of Burial St Pauls

Date Sept 13 1908

Undertaker Jos F. Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 15583

# CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1702 Bell Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Scott.

Residence, Give Street and Number, 1702 Bell Ave.

Duration of Residence in Baltimore, Thirty years.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White.

DATE OF BIRTH: Dec. 15th. 1834

AGE: 73 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widow

BIRTHPLACE (State or county): Maryland.

FULL NAME OF FATHER: ..... McCall. First name unknown.

BIRTHPLACE OF FATHER (State or county): Unknown.

MAIDEN NAME OF MOTHER: Sophia Hasel

BIRTHPLACE OF MOTHER (State or county): Germany. definite location unknown.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cordelia Wegworth

(Address) 1702 Bell Ave

Filed 9/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11th. 1908 to Sept 11th 1908

that I last saw her alive on Sept. 11th 1908

and that death occurred, on the date stated above, at 2 55 P. M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure.

(DURATION) Sudden. DAYS

Contributory (Primary) age and chronic Bronchitis (DURATION) 10 years. DAYS

(Signed) Philip B. Towler M. D.

Address 1514 Webster St.

Date Sept. 12th. 1908

Place of Burial Louden Park.

Date Sept 14th 1908

Undertaker New York.

Address North & Greenmount Ave.

Remarks Saw patient only once after first time. History is entirely from report of family. P.B.T. M.D.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C15584

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 801 Plum Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Brooks c

Residence, Give Street and Number, 801 Plum al

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH March 12 1901

AGE 7 years, 5 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John Brooks c

BIRTHPLACE OF FATHER (State or county) Balto Md.

MAIDEN NAME OF MOTHER Edijabeth Cuckney

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Cuckney (Grandmother)

(Address) 801 Plum al

Filed 9/12 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 11 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas Reinhardt M. D.

Address Coroner

Date September 12 1908

Place of Burial Mt Zion

Date Sept 12 1908

Undertaker S. L. Brown and Son

Address 108 W Monument St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15585 Registered No. B C15585

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 225 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Harris

{ Residence, if in Baltimore, Give Street and Number. } 225 N. Bruce St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH November 2nd 1907

AGE 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Harris

BIRTHPLACE OF FATHER (State or country) Petersburg Va

MAIDEN NAME OF MOTHER Hattie Johnson

BIRTHPLACE OF MOTHER (State or country) Lugan Co Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Harris

(Address) 225 N Bruce St

Filed 9/12 1908 HARRY C. ANDREWS, VERNIE CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Sept 1908

that I last saw h.. alive on Sept 9th 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Two months (DURATION) 4 DAYS

Contributory (Primary.) malnutrition

Six months (DURATION) DAYS

(Signed) E. L. Trautman, M.D.

Address 135 N Fulton Ave

Date Sept 11th 1908

Place of Burial Mt Auburn

Date Sept the 13th 1908

Undertaker A J Fruhauf

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15586 Registered No. B C15586

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2616 N. Charles St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles McDonald Jr.

{ Residence, if in Baltimore, Give Street and Number. } 2616 N. Charles St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | January 7 1845 |
| AGE | 63 years, 8 months, 4 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Charles McDonald Sr |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Sarah Till |
| BIRTHPLACE OF MOTHER (State or country) | Maryland |
| OCCUPATION OF DECEASED | Chief Grain Inspector |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Hastings

(Address) 2616 N. Charles St

Filed 9/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Sept 11 1908 that I last saw him alive on Sept 11 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

old Mitral lesion non compensating, causing dilatation of heart.

several years (DURATION) ——— DAYS

Contributory (Primary.) Pneumonia

Uremia suppression of urine (DURATION) 2 weeks

(Signed) John J. King M.D.

Address 1425 Eutaw Place

Date Sept 11 1908

Place of Burial Loudon Park

Date September 13 1908

Undertaker Wilbur H Shriver

Address 916 Fremont Ave, N.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C 15587 (C15587) 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Gibson

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR C.

DATE OF BIRTH ..... 1908

AGE ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy.

(Address) .....

Filed 9/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 11 1908

that I last saw him alive on ..... 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Haywood M. D.

Address 1235 N. Caroline

Date Sept 11 1908

Place of Burial Mt. Cathedral

Date Sept. 12 1908

Undertaker Martin Takey Son

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 — HEALTH DEPARTMENT, City of Baltimore. — C15588 — Registered No. C 15588

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Doherty

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: years, 1 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address)

Filed 9/12 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 10 1908

that I last saw him alive on 1908

and that death occurred, on the date stated above, at 12 noon. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C H Haynes M. D.

Address 1235 N Caroline

Date Sept. 11 1908

Place of Burial Our Cathedral

Date Sept. 12 1908

Undertaker Martin Tabb & Sons

Address 610 & 612 Aisquith

Ward 30 C15589 Registered No. B

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 618 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Zientek

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 26 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1860

AGE: 47 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Zientek

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teodor Zientek

(Address) 618 S. Bond St

Filed 9/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Septem 9 1908 that I last saw h alive on Sept 9 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsi (DURATION) 6 months DAYS

Contributory (Primary.) Carcinoma

Insufficiency (DURATION) 3 DAYS

(Signed) S. J. Szumalski M.D.

Address 1713 Bank St

Date Sept 11 1908

Place of Burial St Stanislaus.

Date Monday Sept 14" 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV C15590 Registered No. B

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 708 Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Eramans

{Residence, if in Baltimore, Give Street and Number.} 708 S Broadway

Duration of Residence in Baltimore. 18 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): German Poland

FULL NAME OF FATHER: Mathew Glida.

BIRTHPLACE OF FATHER (State or country): German Poland.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brorlowski

(Address) 708 S. Broadway

Filed 9/12 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 11 1908 that I last saw h er alive on Sept 10 1908, and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date Sept 11 1908

Place of Burial St Stanislaus.

Date Monday Sept 14 1908

Undertaker M F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15591.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2202 Ramsey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Schaffel

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 8 (Day) 1903 (Year)

AGE: 4 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Schaffel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie S. Schneider

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schaffel

(Address) 2202 Ramsay St

Filed 9/12 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1908 to Sept 12 1908 that I last saw h alive on Sept 12 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) DAYS

Contributory Scarlet fever

(DURATION) DAYS

(Signed) A. K. Zimmerman M. D.

Sept 17th 1908 (Address) 1801 W Northan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Sept 13 1908

UNDERTAKER: C. W. Dill | ADDRESS: 810 Fredk ave.

Extend time to 8 o'clock Sunday

Funeral 8 A. M. Aug 13.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15592

Ward 1

# CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1616 E Eager St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William Quinn

Residence, Give Street and Number, 1616 E Eager St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Michael Quinn

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Tizzie Shannahan

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Draw worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Quinn

(Address) 1616 E Eager St

Filed 9/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1908 to Sept 11 1908

that I last saw him alive on Sept 11 1908

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of lungs

Three months (DURATION) DA

Contributory (Primary) Deep seated Cold

(DURATION) DA

(Signed) Geo. H. Simpson M.

Address 102 E. Baltimore

Date Sept. 12 1908

Place of Burial Western

Date Sept 14th 1908

Undertaker John L Fields

Address 1200 W. Lombard St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — C15593 — Registered No. B [redacted]

# CERTIFICATE OF DEATH.

C15593

(Place of Death.) No. 1411 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 11

Full Name Martin L Dowling

{ Residence, if in Baltimore, Give Street and Number. } 1411 W. Pratt St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 6th 1908

AGE: — years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Saml Dowling

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Lizzie Leonard

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 W. Lombard St

Filed 9/13 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11" 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1908 to Sept 11" 1908

that I last saw h~~im~~ alive on Sept 11" 1908

and that death occurred, on the date stated above, at 10:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Con'ributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) M Blanes M.D.

Address 110 S. Eden St

Date Sept 12" 1908

Place of Burial New Cathedral

Date Sept 14th 1908

Undertaker John T Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15594

# HEALTH DEPARTMENT. CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

# CERTIFICATE OF DEATH.

C15594

Registered No. B .....

City of Baltimore, (No. 547 Druid Park Ave. St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin A. Tice

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept. 23 (Month) (Day) 1 Year |
| AGE | 71 years, 11 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Wm. Tice |
| BIRTHPLACE OF FATHER (State or country) | Maryland |
| MAIDEN NAME OF MOTHER | Phebe Johnson |
| BIRTHPLACE OF MOTHER (State or country) | Pennsylvania |
| OCCUPATION OF DECEASED | Watchman |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A. Tice

(Address) 547 Druid Park Ave

Filed 9/13 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1908 to Sept 11 1908 that I last saw h[illegible] alive on Sept 11 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) D. D. Smith M. D.

Sept 12 1908 (Address) 206 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Marys-Govanstown | Sept. 14 1908 |
| UNDERTAKER | ADDRESS |
| Horace Burgee | 3631 Falls Road |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C C15595

131

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucinda J. Taylor

Residence, Give Street and Number, 245 Roland Ave

Duration of Residence in Baltimore, 32 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 20 1848.

AGE 59 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Carroll Co. Md

FULL NAME OF FATHER John T. Taylor

BIRTHPLACE OF FATHER (State or county) Carroll Co.

MAIDEN NAME OF MOTHER Susan. Taylor.

BIRTHPLACE OF MOTHER (State or county) Carroll Co

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry. Taylor

(Address) 245 Roland ave

Filed 9/13 1908

HARRY G. ANDREWS, PERMIT CLERK.

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1908 to Sept 13th 1908

that I last saw her alive on Sept 13th 1908

and that death occurred, on the date stated above, at 3.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion, Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Multilocular Ovarian Cysts with Adhesions (DURATION) DAYS

(Signed) Robt. P. Bay M. D.

Address. University Hospital

Date Sept. 13 1908

Place of Burial Bethel. Carroll Co. Md.

Date September 15th 1908

Undertaker Wm. E. Chenoweth & Sons

Address 919 Third Ave Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15596 Registered No. B C15596

# CERTIFICATE OF DEATH.

(Place of Death.) No. 881 Greenmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.) 27

Full Name Gertrude C. O'Connell

{Residence, if in Baltimore, Give Street and Number.} 881 Greenmount Ave.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX. Female | COLOR White

DATE OF BIRTH Sept 7/1892

AGE 16 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm J. O'Connell

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Margaret C. Thornton

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. O'Connell.

(Address) 881 Greenmount Av.

Filed 9/13 1908 HARRY G. ANDREWS, FAMILY CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 11 1908

that I last saw h alive on Sept 10 1908,

and that death occurred, on the date stated above, at 9.10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Extension.

(DURATION) DAYS

Contributory (Primary.) Acute Pulmonary Tuberculosis (DURATION) 90. DAYS

(Signed) Wm. L. Todd. M.D.

Address 1202 E. Monument St

Date Sept 11 1908

Place of Burial St Peters Cem

Date Sept 14/08 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15597

Ward 8 C15597 Registered No. B

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1817 Stenneman Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica Melichar

{ Residence, if in Baltimore, Give Street and Number. } 1817 Stenneman Ave

Duration of Residence in Baltimore. 37 yrs

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | COLOR |
| Female | White |
| DATE OF BIRTH | 1 |
| AGE | 77 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widowed |
| BIRTHPLACE (State or country) | Bohemia |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Housekeeper |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Jenny

(Address) 1817 Stenneman Ave

Filed 9/13 1908 HARRY S. ANDREWS, PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 29 1908 to Sept 12 1908

that I last saw her alive on 190

and that death occurred, on the date stated above, at 1.30 A M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary) Carcinoma of Heart (DURATION) DAYS

(Signed) W J Kyser M.D.

Address 208 S Washington Ave

Date Sept 13 1908

Place of Burial Mt Olivet Cemetery

Date Sept 14 1908

Undertaker Ernest Grach and Son

Address 1404 Garland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15598 C15598

Ward 8 Registered No. B

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1810 E Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M^c K Ehlen

{ Residence, if in Baltimore, Give Street and Number. } 1810 E Lafayette ave

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 25th 1847

AGE 60 years, 11 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER John F. Ehlen

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margarita Willias

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Ehlen

(Address) 1315 North St.

Filed 9/13 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1908 to Sept 12th 1908 that I last saw h im alive on Sept 12th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis - Prostration from dysentery.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J C. Butler M.D.

Address 1809 N. Charles St.

Date Sept 12th 1908

Place of Burial Green Mt Cemetery

Date Sept 14 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

J C Butler 1809 n Charles St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C15599

Ward 8 Registered No. C 15599

C15599

# CERTIFICATE OF DEATH.

165

(Place of Death.) No. 1609 N Montford Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry H. Hutchinson

Residence, Give Street and Number, 1609 N Montford Ave.

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR W.

DATE OF BIRTH March 27 1908

AGE ..... years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John H. Hutchinson.

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Emma Rogers.

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Kaufmann

(Address) 1609 Montford.

Filed 9/13 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 11 1908

that I last saw h alive on Sept 11 1908

and that death occurred, on the date stated above, at 2.25 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis.

Pyelitis.

(DURATION) 5 DAYS

Contributory (Primary) Summer Diarrhoea. 2

(DURATION) DAYS

(Signed) Emma Hutchinson M. D.

Address 1619 E Eager St

Date Sept 11 1908

Place of Burial Mt. Carmel Cemetery

Date Sept. 13" 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

Remarks

96

Ward 11 C15600 Registered No. B C15600

# CERTIFICATE OF DEATH.

(Place of Death.) No. 109 E. Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27

Full Name Isaiah Lampson Jr.

{Residence, if in Baltimore, Give Street and Number.} 109 E. Centre St

Duration of Residence in Baltimore. Life-time

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR Colored |
| DATE OF BIRTH | 1907 |
| AGE 21 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Isaiah Lampson |
| BIRTHPLACE OF FATHER (State or country) | Va |
| MAIDEN NAME OF MOTHER | Octavia Johnson |
| BIRTHPLACE OF MOTHER (State or country) | Va |
| OCCUPATION OF DECEASED | Porter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Octavia Lampson

(Address) 109 E Centre St

Filed 9/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sep. 11 1908

that I last saw him alive on Sep. 11 1908

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis and acute Dementia

about 1 year (DURATION) ... DAYS

Con'ributory (Primary.) — — —

(DURATION) — DAYS

(Signed) Edward J. Mcnally M.D.

Address 1239 E. Hoe Ave

Date Sep. 11 1908

Place of Burial Laurel

Date Sept-13 — 1908

Undertaker R. H. Blinton

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 19 Registered No. B C15601

# CERTIFICATE OF DEATH.

(Place of Death.) No. 539 N. Mount. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Lucinda Linthicum

{Residence, if in Baltimore, Give Street and Number.} 539 N. Mount St.

Duration of Residence in Baltimore. 44 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Negabelt Lindsaum

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Paisey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Lindsaum

(Address) 539 N Mount St

Filed 9/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12, 1908

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Sept. 12, 1908 that I last saw h[illegible] alive on Sept. 11, 1908, and that death occurred, on the date stated above, at 5 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart.

(DURATION) 3 Mos.

Contributory (Primary.) old age

(DURATION) Mo Record

(Signed) Albert S. Chambers M.D.

Address 614 S. Paca St

Date Sept. 13, 1908

Place of Burial Oak Grove Cemetery

Date Sept 13th 1908

Undertaker Annie Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C15602

# CERTIFICATE OF DEATH.

99

(Place of Death.) No. 226 N Vincent alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Whittle

{Residence, if in Baltimore, Give Street and Number.} 403 Vincent alley

Duration of Residence in Baltimore. 14 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: William Whittle

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lepner

(Address) 1611 W. Saratoga St.

Filed

Sept 13 1908 HARRY S. ADKINS Registrar

FEMALE CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hamorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette

Date Sept 12 Coroner 190

Place of Burial Mt. auburn Cem

Date Sept. 13 1908

Undertaker John H. Teadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 6 C15603 Registered No. B C15603

# CERTIFICATE OF DEATH.

152

(Place of Death.) No. 241 N Luzerne St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen V. Shields

{Residence, if in Baltimore, Give Street and Number.} 241 N Luzerne St

Duration of Residence in Baltimore. Since birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 5, 1908

AGE ..... years, ..... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James F. Shields

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Harvey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Shields

(Address) 241 N Luzerne St

Filed 9/14 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 13 1908

that I last saw her alive on Sept 12 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis

(DURATION) 8 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAY

(Signed) Adolph C. Eisenberg M.D.

Address 2213 O'Donnell St

Date Sept 13 1908

Place of Burial Holy Cross

Date Sept 14 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15604 Registered No. B C15604

# CERTIFICATE OF DEATH. 27

(Place of Death.) No 1015 N Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Donnelly

{Residence, if in Baltimore, Give Street and Number.} 1015 N Lombard St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH March 8 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Alexander Cummings

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosa Gorman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Jones

(Address) 736 McHenry St

Filed 9/14 1905 [redacted] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 08 190

I HEREBY CERTIFY, That I attended deceased from July 1st 1905 to Sept 12th 1905 that I last saw h[illegible] alive on Sept 1th 1905 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

Duration to my knowledge only known (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W F Bill M.D.

Address 1001 Edmondson Ave

Date Sept 13th 08 190

Place of Burial Greenmount

Date Sept 15 190

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15605 Registered No. B C15605

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 408 King St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie Talbott

{ Residence, if in Baltimore, Give Street and Number. } 408 King St

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie V Hack.

(Address) 1014 Russell St

Filed 9/14 1908 HARRY G. ANDREWS, CITY CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 to 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 13 1908 that I last saw h[illegible] alive on Sept 13 1908, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

3 (DURATION) Yrs DAYS

Contributory (Primary.) Asthenia.

(DURATION) DAYS

(Signed) Theo Reed Dulaney M.D.

Address 307 N Fremont St

Date Sept. 13 1908

Place of Burial Baltimore Cem

Date Sept. 15 1908

Undertaker Wm Cook

Address 522 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C15606 Registered No. B C15606

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1356 W. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hezekiah Burt Clayton

{Residence, if in Baltimore, Give Street and Number.} 1356 W. North Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Josiah Clayton

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Clayton

(Address) 1356 N. North Ave

Filed 9/14 1908 HARRY D. ANDREWS, PERRITT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 12 1908

that I last saw him alive on Sept 12 1908

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

(DURATION) 1 DAYS

Con'tributory (Primary.) Apoplexy

(DURATION) 2 DAYS

(Signed) Geo W Hafele M.D.

Address 1833 Penna. Ave

Date Sept 12 1908

Place of Burial Baltimore

Date Sept 15 1908

Undertaker Wm Cook

Address 202 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

City of Baltimore.

Ward 21st C15607 Registered No. B C15607

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2545 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Eichhorst

{Residence, if in Baltimore, Give Street and Number.} 2545 Canton Ave

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, 10 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Harness

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Eichhorst

(Address) 2545 Canton Ave

Filed 9/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Sept 13 1908 that I last saw him alive on Sept 11, 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senility about 1 year

Duration (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Geo. Heller M.D.

Address 937 Gough St

Date Sept 13. 1908

Place of Burial Mt Carmel

Date Sept 15 1908

Undertaker Wm Cook

Address 5026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15608 Registered No. B C15608

# CERTIFICATE OF DEATH.

(Place of Death.) No. 420 E. Hartford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. Green

{Residence, if in Baltimore, Give Street and Number.} 420 E. Hartford

Duration of Residence in Baltimore. 4 Month

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt Wm H. Green

(Address) 420 E. Hartford

Filed 9/14 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13. 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Sept. 1908

that I last saw h[illegible] alive on " 10. 1908

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia ? General Anasarca

(DURATION) 3 Weeks

Contributory (Primary.) Chronic interstitial Nephritis (DURATION) For Years

(Signed) G. Wright Hartman M.D.

Address 1121 N. Caroline St.

Date Sept. 14. 1908

Place of Burial Greenmount

Date Sept 15 08 1908

Undertaker Wm Cook

Address 1826 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15609

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15609

Registered No. B.....

City of Baltimore, (No. 304 L. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Schneider

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: 7 (Month) 10 (Day) 1907 (Year) | |
| AGE: 1 years, 2 months, ..... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): City | |
| FULL NAME OF FATHER: Joseph Schneider | |
| BIRTHPLACE OF FATHER (State or country): City | |
| MAIDEN NAME OF MOTHER: Fanni Plumer | |
| BIRTHPLACE OF MOTHER (State or country): City | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Whitesworth

(Address) 489 E. Chapel St

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 9. 6 1908 to 9. 13 1908 that I last saw h in alive on 9. 11. 1908, and that death occurred, on the date stated above, at 9 a. M. The CAUSE OF DEATH was as follows:

Diarrhoea & Enteritis

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Doyle M. D.

9.13 1908 (Address) 1917 E Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ist German Cem | Sept 14 1908 |
| UNDERTAKER | ADDRESS |
| Nic Louis for | 1820 Eastern Ave |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15610

Ward 12 C15610 Registered No. B

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. 235 Friendship Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eldrence A. Finch

{ Residence, if in Baltimore, Give Street and Number. } 235 Friendship Ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 19th 1906

AGE 2 years, months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles F. Finch

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Naomi Sadler

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Finch

(Address) 235 Friendship Ave

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 10th 1908 to Sept 13th 1908 that I last saw him alive on Sept 12th 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular Meningitis

(DURATION) 3 DAYS

Contributory (Primary) Hydrocephalus

Condition Head (DURATION) Since birth DAYS

(Signed) William Pilsbury M.D.

Address 801 York Road

Date Sept 13th 1908

Place of Burial Mt. Carmel Cem.

Date Sept. 14th 1908

Undertaker Fuss & Sons John H. Feustel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C15611 Registered No. BC15611

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 450 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanley Goods

{Residence, if in Baltimore, Give Street and Number.} 450 Guilford Ave

Duration of Residence in Baltimore. Life-time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH March 28 1908

AGE ..... years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Charles Goods.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mollie M. Wonzer

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Beatrice Johnson

(Address) 450 Girard Ave.

Filed 9/14 1908 HARRY O. ANDREWS Registrar PERMIT CLERK,

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 13 1908 that I last saw h[illegible] alive on Sept 13 1908 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

General Debility

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmidt M.D.

Address 424 East 23 St.

Date Sept. 13, 1908

Place of Burial Laurel Lawn

Date Sept-14 1908

Undertaker R A Elliott

Address 500 Cathedral

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C15612 Registered No. B

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Hospital Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Zimmerman

{ Residence, if in Baltimore, Give Street and Number. } No 1818 N. Collington Av

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | Nov. 26 1868 |
| AGE | 40 years, 9 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Austria |
| FULL NAME OF FATHER | John N. Zimmerman |
| BIRTHPLACE OF FATHER (State or country) | Austria |
| MAIDEN NAME OF MOTHER | Anna Herndel. |
| BIRTHPLACE OF MOTHER (State or country) | Austria |
| OCCUPATION OF DECEASED | cabinet maker |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to September 12 1908 that I last saw h alive on Sept 12 1908, and that death occurred, on the date stated above, at 10.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 7 DAYS

Contributory (Primary.) Endo-carditis

Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Hospital

Date September 12 1908

Place of Burial Holy Redeemer

Date Sept 15th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15613 OFFICE OF REGISTRAR OF VITAL STATISTICS. C15613

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 412, N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Elizabeth Schaffer

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 21 (Day) 1859 (Year)

AGE: 48 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Moritz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Brandt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles C. Moritz.

(Address) 414. N. Calhoun St.

Filed 9/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4- 1908 to Sept 11- 1908 that I last saw her alive on Sept 11- 1908, and that death occurred, on the date stated above, at 7.13 P. M. The CAUSE OF DEATH was as follows:

Gastric carcinoma

(DURATION) 2 mos. to my knowledge DAYS

Contributory

(DURATION) DAYS

(Signed) M. Bond M. D.

Sept 11- 1908 (Address) 604 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 14 1908

UNDERTAKER: W. J. Tucker & Son

ADDRESS: 435 N. Gaudenz

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...PARTMENT, City of Baltimore.

Ward 17 C15614 Registered No. B C15614

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 104 W. 24th St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah V. Kenly

{Residence, if in Baltimore, Give Street and Number.} 104 W 24th street

Duration of Residence in Baltimore. 1 year

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 21 1848

AGE: 60 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Harford Co. Md,

FULL NAME OF FATHER: David Hanway

BIRTHPLACE OF FATHER (State or country): maryland

MAIDEN NAME OF MOTHER: Sarah A. Kern

BIRTHPLACE OF MOTHER (State or country): maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leroy H. Kenly

(Address) 104 W 24th St

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Sept 11th 1908 that I last saw h[er] alive on Sept 11th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) DAYS

Contributory (Primary.) Bronchitis

Duration Feb. 1908 (DURATION) DAYS

(Signed) J. M. Gibbinger M.D.

Address 177 E North Ave

Date Sept. 11th 1908 190

Place of Burial Aberdeen Harford Co Md.

Date Sept 14th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

Dr Gibbinger. 1098

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward 22 C15615 Registered No. B C15615

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 1204 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Albers

{Residence, if in Baltimore, Give Street and Number.} 1204 Patapsco

Duration of Residence in Baltimore. 1404 Patapsco

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Albers

(Address) 1204 Patapsco

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1908 to Sept 12th 1908 that I last saw her alive on Sept 12 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary) Diseased blood vessels (DURATION) DAYS

(Signed) H. Kerbaugh M.D.

Address 1328 Fleet

Date Sept 13th 1908

Place of Burial Loudon Park

Date Sept 14 1908

Undertaker Wm. J. Fetherstone

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ALTH DEPARTMENT, City of Baltimore.

Ward 17 C15616 Registered No. C15616

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 553 W. Lafayette Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Schwalm

{Residence, if in Baltimore, Give Street and Number.} 553 W. Lafayette Av

Duration of Residence in Baltimore. 53 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 12th 1830

AGE: 78 years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schultz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katharine Schultz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schwalm

(Address) Rosebury Balto, Co.

Filed ... 190 ...

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from August 22 1908 to Sept 11 1908

that I last saw her alive on Sept 11 1908

and that death occurred, on the date stated above, at 11½ P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Old Age

(DURATION) 21 DAYS

(Signed) John E Huck M.D.

Address 847 N. Lafayette Av

Date Sept 11 1908

Place of Burial London Park Cemetery

Date September 14 1908

Undertaker Strong Bros

Address 594 N Bridge St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15617

Ward 10 C15617 Registered No. C 56

# CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Donnelly Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Queen. Cd.

Residence, Give Street and Number, 805 Donnelly Ct.

Duration of Residence in Baltimore, ?

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1842

AGE: 66 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. ?

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Robert Murry

BIRTHPLACE OF FATHER (State or county): Queen Anns Co Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Queen.

(Address) 1451 N. Carey st.

Filed 9/14 1908 M.C.M.

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Alcoholism.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie, M. D.

Address Coroner,

Date Sept. 12 1908.

Place of Burial Laurel Cemetery

Date September 14th 1908

Undertaker Felix B. Fye.

Address 102 E. Mulberry St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15618 Registered No. B C15618

# CERTIFICATE OF DEATH. 97

(Place of Death.) No. 1125 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Green

{Residence, if in Baltimore, Give Street and Number.} 1125 Harmony Lane

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 68 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Green

(Address) 1125 Harmony Lane

Filed 9/14 1908 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12. 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to Sept 12 1908

that I last saw him alive on 9 12 1908

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Asthma

(DURATION) 1 Mo DAYS

Con'tributory (Primary.) Bronchites

(DURATION) 6 DAYS

(Signed) Shepherd Drew M.D.

Address 36 N Fremont St

Date Sept 13. 1908

Place of Burial Mt Auburn Cemetery

Date Sept 14 1908

Undertaker R H Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15619 Registered No. B C15619

# CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2654 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Alban

{Residence, if in Baltimore, Give Street and Number.} 2654 Huntingdon Ave.

Duration of Residence in Baltimore. 5 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 21 1841

AGE 67 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co Md.

FULL NAME OF FATHER Schue

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Felzer

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Keller

(Address) 2654 Huntingdon Ave

Filed 9/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept-12 1908 to Sept 13 1908 that I last saw her alive on Sept 13 1908, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Congestion + Oedema of Lungs Apnoea + Collapse

(DURATION) 2 DAYS

Contributory (Primary) Chronic Bronchitis + gen debility - (DURATION) Dev. Yrs DAYS

(Signed) Wm. H. F. Deman M.D.

Address 809 N. Eutaw

Date Sept 14 1908

Place of Burial Parkton Md

Date Sept. 15 1908

Undertaker A. J. Marshall

Address 3639 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...City of Baltimore.

Ward 10 C15620 Registered No. B C15620

11

# CERTIFICATE OF DEATH.

(Place of Death.) No. 308 Union Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha M. McMullen

{Residence, if in Baltimore, Give Street and Number.} 308 Union Ave

Duration of Residence in Baltimore. 27 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23 1837

AGE: 71 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Howard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Riley

(Address) 308 Union Ave

Filed 9/14 1908 HARFORD CO. [illegible] Registrar

PERMIT CLERK:

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1908 to Sept 12 1908 that I last saw her alive on Sept 12 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute regurgitation

Acute dilatation

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Verum J. Healy M.D.

Address 405 Saratoga

Date Sept 13 1908

Place of Burial St Mary's C. G.

Date Sept 15 1908

Undertaker D. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 15621

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1101 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard C Berger.

Residence, Give Street and Number, 1101 William St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| M. | W. |

DATE OF BIRTH Jan 26 1907

AGE 1 year, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto City.

FULL NAME OF FATHER J Albert Berger

BIRTHPLACE OF FATHER (State or county) Baltimore City

MAIDEN NAME OF MOTHER Elizabeth Petty.

BIRTHPLACE OF MOTHER (State or county) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Berger

(Address) 1101 William

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sep 11 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to Sep 11 1908

that I last saw h[e] alive on Sep 11 1908

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate,)

Duration
Inanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. B. Burch M. D.

Address 828 N Carrollton Ave

Date Sep 13 1908

Place of Burial Holy Cross Cemetery

Date Sept 14 1908

Undertaker W. F. M. G. Flynn

Address 42 E. West St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

**HEALTH DEPARTMENT, City of Baltimore.**

C15622

Ward 17 — C15622 — Registered No. C 15622

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1610 Barclay St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Downey

Residence, Give Street and Number, 1610 Barclay St

Duration of Residence in Baltimore, all her life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 17 1855

AGE: 53 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Patrick Fitzpatrick

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Bridget

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Green

(Address) 1610 Bureay

Filed 9/14 1908

HARRY C. ANDREWS. Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Sept 13 1908

that I last saw her alive on Sept 11 1908

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate,)

Fatty degeneration of the heart.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James M Fenton M. D.

Address 709 E Chase St

Date Sept. 13 1908

Place of Burial Mt Auburn Sept 15 1908

Undertaker Alex V Lyon

Address 1422 N Gay.

Remarks

Ward ..... C15623 Registered No. B ..... C15623

# CERTIFICATE OF DEATH.

10 8

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Wiemann

{ Residence, if in Baltimore, Give Street and Number. } 804 S Streeper St

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: April 7th 1840 | |
| AGE: 68 years, 5 months, 5 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow | |
| BIRTHPLACE (State or country): Germany | |
| FULL NAME OF FATHER: Dont Know | |
| BIRTHPLACE OF FATHER (State or country): Germany | |
| MAIDEN NAME OF MOTHER: Dont Know | |
| BIRTHPLACE OF MOTHER (State or country): Germany | |
| OCCUPATION OF DECEASED: None | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Sanders

(Address) 804 Streeper

Filed 9/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1908 to Sept 12th 1908 that I last saw h.. alive on Sept 12th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Intestinal Obstruction from an Incarcerated Hernia

(DURATION) — DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Elmer Gill Hall M.D.

Address St. Joseph's German Hospital

Date Sept-12th 1908

Place of Burial Sacred Heart Cemetery

Date Sept 15th 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C15624 Registered No. B C15624

164

# CERTIFICATE OF DEATH.

(Place of Death.) No. Jalius Halzius Hanglue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Bogonni

{Residence, if in Baltimore, Give Street and Number.} 420 East St.

Duration of Residence in Baltimore. 13 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/14 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8.20 a. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull.

While working in sewer a trench accidently fell on him DURATION 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. R. Carnithers M.D.

Address Coroner Med. D.

Date 190

Place of Burial St. Vincents

Date Sept. 14th 1908

Undertaker Silby & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH. 015625

Registered No. B.....

City of Baltimore, (No. 1541 Frendsbury Place Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Ryan.

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Aug. 2 1907 (Month) (Day) (Year) |
| AGE | 1 years, 1 months, 10 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Baltimore, Md. |
| FULL NAME OF FATHER | Harry Ryan |
| BIRTHPLACE OF FATHER (State or country) | Baltimore Md. |
| MAIDEN NAME OF MOTHER | Sadie Cook |
| BIRTHPLACE OF MOTHER (State or country) | Washington, D.C. |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Sadie Ryan

(Address) 1541 Frendsbury St

Filed 9/14 1908 HARRY C. ANDREWS, FIRST CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1908 to Sept. 13 1908.

that I last saw her alive on Sept. 13 1908,

and that death occurred, on the date stated above, at 12.05 A. M. The CAUSE OF DEATH was as follows:

Membranous Laryngitis

Thirty six (DURATION) hrs. DAYS

Contributory

(DURATION) DAYS

(Signed) John L. Quinn M. D.

Sept. 13 1908 (Address) 1519 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Sept 14 1908 |
| UNDERTAKER | ADDRESS |
| M Cadogan | 696 Mulberry St |

2 1/2 P M

WM. J. C. DULANY CO., BALTIMORE.

THIS IS A PERMANENT RECORD.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 6

Registered No. C 15626

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. American Agricultural Co. ft of Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Parker

Residence, Give Street and Number, 2152 Durham St.

Duration of Residence in Baltimore, 5 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Don't know

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Parker wife

(Address) 2152 Durham St

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 10 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 7.55 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Crushed Skull

buried under pile

of fertilizer

Accidental Death (DURATION) DAYS

Contributory (Primary) ——— (DURATION) DAYS

(Signed) [illegible] M. D.

Address Coroner

Date Sept. 11. 1908

Place of Burial Mt Olivet Cem

Date Sept-14 1908

Undertaker R. C. Elliott

Address 5-06 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15627

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15627

Registered No. B.....

City of Baltimore, (No. 2610 Woodbrook Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Herbert Rice

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 20 (Day) 1908 (Year)

AGE: ..... years, ..... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Herbert W Rice

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cora Morris

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert W Rice

(Address) 2610 Woodbrook Ave

Filed 9/14 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Sept 13 1908 that I last saw him alive on Sept 13 1908, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) Life DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Fred C Jewett M. D.

Sept 14 1908 (Address) 2208 W. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 15 Sept 1908

UNDERTAKER: Wilbur H Sherwood

ADDRESS: 846 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C15628 Registered No. B C15628

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 434 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Tweedale

{Residence, if in Baltimore, Give Street and Number.} 434 E. Lanvale st

Duration of Residence in Baltimore. 56 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH June 16 1838

AGE 70 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER James Tweedale

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Jackson

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A. Tweedale

(Address) 434 E. Lanvale

Filed 9/14 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1908

I HEREBY CERTIFY, That I attended deceased from June 28th 1908 to Sept 12th 1908 that I last saw h[illegible] alive on Sept 12th 1908, and that death occurred, on the date stated above, at 10 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 76 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. J. Lacia M.D.

Address 2053 Madison Ave.

Date Sept 13th 1908

Place of Burial Elder Hill Cemetery.

Date September 15th 1908

Undertaker F. A. Krauss & Bro.

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C15629 Registered No. B C15629

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Proctor St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Kelley

{ Residence, if in Baltimore, Give Street and Number. } 1125 Proctor St

Duration of Residence in Baltimore Life time 24 years 8 Mos

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 12th 1908

AGE 25 years, 10 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Boston Mass

FULL NAME OF FATHER Michael Francis Kelley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Delia Ward

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Vest Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Reynolds

(Address) 209 N Chapel St

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1908

I HEREBY CERTIFY, That I attended deceased from 26th Aug 1908 to 15th Sept 1908 that I last saw h-r alive on 11th Sept 1908 and that death occurred, on the date stated above, at 6.40 a M. CAUSE OF DEATH (Secondary or Immediate.)

Synesope

(DURATION) DAYS

Contributory (Primary.) Bright's Disease (DURATION) about 4½ DAYS

(Signed) Chas. E. Reynolds M.D.

Address 209 N Chapel St

Date Sept 14th 1908

Place of Burial Cathedral

Date Sept 15 1908

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15630

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

# CERTIFICATE OF DEATH.

C15630

Registered No. B.....

City of Baltimore, (No. 1400, Hollins St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Caroline R. Bartholow

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 2 1835 (Month) (Day) (Year)

AGE: 73 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jesse Reuben Clay

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Roxanna L. Carroll

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida O. Bartholow

(Address) 1400 Hollins St.

Filed 9/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 13th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to Sept 13 1908 that I last saw h.. alive on Sept 13 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Myocarditis
Bronchitis

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Virgil G. Durall M. D.

Sept 14 1908 (Address) 609 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 15 1908

UNDERTAKER: E. W. Mitchell — ADDRESS: 120 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15631

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

43

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15631

Registered No. B.....

City of Baltimore, (No. 715 Lennox St; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Adams

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: April 23 (Month) (Day) 1827 (Year)

AGE: 81 years, 4 months, 21 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard Kemp

BIRTHPLACE OF FATHER (State or country): Cork - Ireland

MAIDEN NAME OF MOTHER: A. Grace Smith

BIRTHPLACE OF MOTHER (State or country): Cork Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Kemp Jr

(Address) 715 Lennox St

Filed 9/14 1908

HARRY O. ANDREWS,
PERMIT CLERK & Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1903 to Sept 12 1908

that I last saw h.. alive on Sept 12 1908

and that death occurred, on the date stated above, at 8 25 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of Breast

at least 4 yrs (DURATION) ..... DAYS

Contributory - Old age

18 Hours (DURATION) ..... DAYS

(Signed) Stanford McKelvey M. D.

Sept 13 1908 (Address) 1604 Linden

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Sept 15 1908

UNDERTAKER: John B. Spence

ADDRESS: 1325 N. Carlton St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C15632 Registered No. B C15632

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2934 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lyons -

{Residence, if in Baltimore, Give Street and Number.} 2934 York Road

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 13 1908

AGE ..... years, ..... months, 1 hour days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER [illegible] Lyons.

BIRTHPLACE OF FATHER (State or country) Carroll Co Maryland.

MAIDEN NAME OF MOTHER Katherine Shorlin

BIRTHPLACE OF MOTHER (State or country) Co Cork Ireland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Shorlin

(Address) St Joseph's Hospital

Filed 9/17/08 190.. HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13 1908 to Sept 13 1908 that I last saw h... alive on Sept 13 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Six and one half months.
Died in the hour. (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) H W Addes M.D.

Address 2631 York Road

Date Sept 17 1908

Place of Burial St Patricks

Date Sept. 16 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C15633 Registered No. B C15633

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 W. Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Mobley.

{ Residence, if in Baltimore, Give Street and Number. } 1722 W. Lafayette St.

Duration of Residence in Baltimore. 9½ years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH April 4 1847 — 1

AGE 61 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ widow.

BIRTHPLACE (State or country) Kentucky.

FULL NAME OF FATHER John Dolly.

BIRTHPLACE OF FATHER (State or country) Bethlehem, Kentucky.

MAIDEN NAME OF MOTHER Mary Edes.

BIRTHPLACE OF MOTHER (State or country) Bethlehem Ky.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. W. W. Moat

(Address) 1722 W. Lafayette St.

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1908 to Sept 14 1908

that I last saw her alive on Sept 14 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia.

(DURATION) 9 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. K. Sprague M.D.

Address 20 N. Liberty St

Date Sept 14 1908

Place of Burial Louisville Ky.

Date Sept. 16 1908

Undertaker Geo. A. Smith Co.

Address 1009 W. Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C15634 — Registered No. C C15634

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 826 N Fremont ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodosia Moran (Theodosia Moran)

Residence, Give Street and Number, 826 N Fremont St

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Aug. 26th 1846

AGE 62 years, — months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Wm Ridgaway

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or county) unknown

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L Moran

(Address) 8267 Fremont ave

Filed 9/14 190 8 HARRY C. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Sept 12 1908

that I last saw her alive on Sept 12 1908

and that death occurred, on the date stated above, at 7-45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer Oesophagus

Six months (DURATION) — DAYS

Contributory (Primary) age

(DURATION) — DAYS

(Signed) Dan Smith M. D.

Address 712 Dolphin

Date Sept 12 1908 190

Place of Burial London Park.

Date Sept 15-th 1908

Undertaker G. F. Claeker

Address 723 N Lafayette ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24 C15635 Registered No. B C15635

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1414 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Drager

{ Residence, if in Baltimore, Give Street and Number. } 1414 Battery ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 1st 1908

AGE: 1 years, 1 month, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Theo. A. Drager

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary C. Kent

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo. A. Drager

(Address) 1414 Battery Ave

Filed 9/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13th 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1908 to Sept 12th 1908 that I last saw h[illegible] alive on Sept 12th 1908, and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Gastro enteritis

(DURATION) 10 DAYS

(Signed) J. F. Haskins M.D.

Address 669 S Light St

Date Sept 14th 1908.

Place of Burial Western Cemetery.

Date Sept 15- 1908

Undertaker M. Day Corbett

Address 17 E. Lee, St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

READ THE LAW PRINTED ON THE MARGIN. C15636 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

C15636

Ward 6

Registered No. C

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2536 E Balto St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Tewey

Residence, Give Street and Number, 2536 E Balto St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH May 1840

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Michael Tewey

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Tewey

(Address) 2536 E Balto St

Filed 9/14 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Sept 13 1908

that I last saw him alive on Sept 12 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Dr of pulmonary tuberculosis

(DURATION) 2 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Ruhe M. D.

Address 2100 E. Balto St.

Date Sept. 13. 1908

Place of Burial Mount Cathedral

Date Sept 15 1908

Undertaker John A. Moran

Address 1 Bank Lane

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

C15637

Ward 20 — C15637 Registered No. B — 154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Harveys Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Carroll

{Residence, if in Baltimore, Give Street and Number.} 15 Harveys Lane

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: colored

DATE OF BIRTH: ... 1 ...

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Bath City

FULL NAME OF FATHER: allen Carey

BIRTHPLACE OF FATHER (State or country): Prince george Co

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rogers

(Address) 15 Harveys Lane

Filed 9/14/1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 13 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Sept 13 1908 that I last saw h... alive on Sept 12 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia
Indefinite (DURATION) DAYS

Contributory (Primary.)
Old Age (DURATION) — DAYS

(Signed) Howard W. Jones M.D.

Address Irving Ld

Date Sept 13 1908

Place of Burial odd fellows Cemetery Catonsville

Date Sept 15 1908

Undertaker John H. Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

...DEPARTMENT, City of Baltimore.

Ward 11 4

C15638

Registered No. B C15638

# CERTIFICATE OF DEATH.

72

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Bowers

{Residence, if in Baltimore, Give Street and Number.} Union Bridge Md.

Duration of Residence in Baltimore. 4 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Bowers

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Shriner

(Address) Union Bridge Md.

Filed 9/15 1908 HARRY C. [illegible] Registrar
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Tetanus

... (DURATION) ... DAYS

Con tributory (Primary.) accidental

gun shot (DURATION) 9 DAYS

(Signed) [illegible] M.D.

Address 700 N. Lafayette Ave

Date Sept 14 1908

Carroll Co.

Place of Burial Union Bridge Md.

Date Sept 15 1908

Undertaker Frank J. Shriner

Address Union Bridge Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15639

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

165

# CERTIFICATE OF DEATH.

Registered No. B C15639

Registered No. D .....

City of Baltimore, (No. 910, Warner St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Holmes

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dec (Month) 6 (Day) 1907 (Year)

AGE: ..... years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Holmes

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Nancy Williams

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Williams

(Address) 910 Warner St.

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Sept 14 1908

that I last saw her alive on Sept 13 1908;

and that death occurred, on the date stated above, at 12, M.

a m. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

about 2 weeks (DURATION) ..... DAYS

Contributory " " (DURATION) ..... DAYS

(Signed) H. D. Arnold M. D.

Sept 14 1908 (Address) 32 S Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: 9/15 1908

UNDERTAKER: John H. Todd | ADDRESS: 14-26 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15640

105

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15640

City of Baltimore, (No. 1910, Union Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna Bennett

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: April (Month) 17 (Day) 1908 Year)

AGE: ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Bennett.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Teresa Silverman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Bennett.

(Address) 1910 Union Ave

Filed 9/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 9/8 1908 to 9/17 1908 that I last saw her alive on 9/11 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

2 months (DURATION) DAYS

Contributory Cyclonician

(DURATION) DAYS

(Signed) Raymond H. Wagenhorst M. D.

9/14 1908 (Address) J. H. Wagenhorst

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: Sept 16 1908

UNDERTAKER: Wm Cook | ADDRESS: 502 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C15641 Registered No. B C15641

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 815 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm T Newton

{Residence, if in Baltimore, Give Street and Number.} 815 George St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm T. Newton

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Catherine Shriver

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 815 George St

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1908

I HEREBY CERTIFY, That I attended deceased from March 9th 1908 to Sept 14th 1908

that I last saw him alive on Sept 1st 1908,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age and Complication of Diseases —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Samuel A. Davis M.D.

Address 619 W Biddle

Date Sept 14th 1908

Place of Burial Mt Olivet

Date Sept. 16 1908

Undertaker Wm Cook

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C15642 Registered No. B C15642

V°

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

NELLIE ABELL Codd.

Full Name Mrs Chas. Codd

{ Residence, if in Baltimore, Give Street and Number. } 311 E. 25th St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: M. Chas T. Abell.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amanda E. Barbour

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion de Cervera

(Address) 2546 N. Baltimore St.

Filed 9/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1908 to Sept 14 1908

that I last saw h er alive on Sept 14 1908,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cellulitis of

Leg. (DURATION) DAYS

(Signed) Elijah J. Russell M.D.

Address 483 W Broadway

Date Sept 14th 1908

Place of Burial Loudon Park

Date Sept 16th 1908

Undertaker H. D. Hughes

Address 175 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 5 — C15643 — Registered No. B C15643

152

# CERTIFICATE OF DEATH.

(Place of Death.) No. 211 E Chestnut st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant-

Full Name Williams Smith (~~Baby~~)

{Residence, if in Baltimore, Give Street and Number.} 211 E Chestnut st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Black

DATE OF BIRTH: Aug 30, 1908

AGE: ....years, ....months, 16 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Harrison Smith

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Sophie Jackson

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. T. Smith.

(Address) Johns Hopkins Hosp.

Filed 9/15 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1908 to Sept. 14, 1908 that I last saw him alive on Sept. 12, 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Infection of umbelicus

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Sept. 14, 1908

Place of Burial Asbury ✓

Date Sept 15th 1908

Undertaker Wm J Jackson

Address 422 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C15644 — Registered No. B C15644 164

# CERTIFICATE OF DEATH.

(Place of Death.) No. The body of a child found St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name near Gwynns Falls

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR White |
| DATE OF BIRTH | 1 |
| AGE | ..... years, ..... months, 1 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 30 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on.....1908.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette

Date Sept 2. Coroner 1908

Place of Burial PUBLIC CEMETERY.

Date Sept 17 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C15645 Registered No. B C15645

# CERTIFICATE OF DEATH.

(Place of Death.) No. Caroline Near 21st Back bay St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Col |
| DATE OF BIRTH: 1 | |
| AGE: 17 years, ... months, ... days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate

Accidental Drowning

... (DURATION) ... DA...

Contributory (Primary.) ...

... (DURATION) ... DA...

(Signed) Thomas Sweeney Coroner M.D.

Address 320 N Greene St

Date ... 190...

Place of Burial PUBLIC CEMETERY

Date Sept 14 1908

Undertaker Commissioner Health

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

See following certificate

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B ..... 15645

# CERTIFICATE OF DEATH.

(Place of Death.) No. Carlins st Rear Back bsmt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Trusty

{ Residence, if in Baltimore, Give Street and Number. } 224 Chestnut st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 49 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320½ Greene St.

Date ..... 190.....

Place of Burial .....

Date ..... 190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15646 Registered No. C C15646

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington Johnson

Residence, Give Street and Number, Bay View Hospitals

Duration of Residence in Baltimore, 9

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B.

DATE OF BIRTH — 1

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Bookblack.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 9/14 1908 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Sept 13 1908 that I last saw him alive on Sept 13 1908 and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Illness (DURATION) DAYS

(Signed) B. H. Baker M. D.

Address Bay View Asylum

Date Sept 13 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 14 1908 1908

Undertaker G L Hurley

Address 931 N. Monroe St.

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C15647 Registered No. B C15647

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# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Janowick, Sadie

{ Residence, if in Baltimore, Give Street and Number. } 1024 E Lombard St

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR wh.

DATE OF BIRTH September 6 1908

AGE — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Janowick - Sadie.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 8th 1908 that I last saw h[illegible] alive on 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joe. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date September 8, 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 12 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WARDALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C15648

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15648

Registered No. B.....

City of Baltimore, (No. 530 N Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret J. Hellen

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 13 (Day) 1822 (Year)

AGE: 85 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Daniel Wilcox

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Hollingsworth

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Hellen

(Address) 530 N Calhoun St

Filed 9/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sep 1 1908 to Sep 12 1908 that I last saw h— alive on Sep 12 1908, and that death occurred, on the date stated above, at 3 30 a M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 12 DAYS

Contributory advanced age

(DURATION) ..... DAYS

(Signed) Robert K Kerr M. D.

Sep 13 1908 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Sept 15 1908

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 47 C15649 Registered No. B C15649

# CERTIFICATE OF DEATH.

114

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Enna Bond

{Residence, if in Baltimore, Give Street and Number.} Violetville, Md.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 19 1844

AGE 64 years, 4 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas. Cannoles

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Feathers

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) F A Bond

(Address) Violetsville Md

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Sept. 14 1908 that I last saw her alive on Sept. 14 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Following Abdominal Hysterectomy for empyema of gall bladder (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital

Date Sept. 14 1908

Place of Burial London Park

Date Sept 15 1908

Undertaker Jos B Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15650

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15650

City of Baltimore. (No. 2044 Linden Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence C. Dias

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 25 (Month) (Day) 1835 (Year)

AGE: 73 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Indies

FULL NAME OF FATHER: Isaac Dias

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Jane Phillips

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired from business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Kochman

(Address) 2044 Linden Ave

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 13 1908 that I last saw him alive on Sept 13 1908, and that death occurred, on the date stated above, at 6.40 P.M. The CAUSE OF DEATH was as follows:

Paralysis Agitans + Hemiplegia

(DURATION) 30 DAYS

Contributory Pneumonia

(DURATION) 4 DAYS

(Signed) Wm. Caspari M. D.

Sept 13 1908 (Address) 1603 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hay Street Cem. | DATE OF BURIAL: Sept 15 1908

UNDERTAKER: J. Thuns & Co | ADDRESS: 1607 Madison

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C15651 — Registered No. B C15651

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eula Kennedy,
Father not given

{Residence, if in Baltimore, Give Street and Number.} 1412 Hull St.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | M |
| COLOR | W |
| DATE OF BIRTH | 9/13 1908 |
| AGE | 5th month utero fetation 2 hrs ~~days~~ |
| | ..... years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | Eula Kennedy. |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eula Kennedy

(Address) 1412 Hull St.

Filed 9/15 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/13 1908

I HEREBY CERTIFY, That I attended deceased from 9/13 1908 to 9/13 1908 that I last saw h~~e~~ alive on 9/13 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
Lived two Hours

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Tuckington M.D.

Address 102 E Fort Ave

Date 9/14 1908

Place of Burial Cedar Hill

Date Sept 15th 1908

Undertaker Jos. Stumbleck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15652 Registered No. B C15652

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 8. N. Bradford St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert Frisby (Frisby)

{ Residence, if in Baltimore, Give Street and Number. } 8 N. Bradford St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 16 1907

AGE 10 years, 14 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Frisby

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Motula

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Frisby

(Address) 8 N. Bradford

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 14 1908 that I last saw him alive on 1908, and that death occurred, on the date stated above, at 3:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 14 DAYS

Contributory (Primary.) Cardiac Failure (DURATION) DAYS

(Signed) W. J. Dysard M.D.

Address 2004 Ashland Ave

Date Sept 14 1908

Place of Burial Holy Redeemer

Date Sept. 15 1908

Undertaker Grant Brach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C15653 — Registered No. B C15653

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Nora Thomas

{Residence, if in Baltimore, Give Street and Number.} 621 W German St

Duration of Residence in Baltimore. 22 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR W

DATE OF BIRTH July 1X 1886

AGE 22 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm C Sleight Sr

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah E Bowie

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Sleight

(Address) 1200 N Gay

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 13 1908 that I last saw h er alive on Sept 13 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilation of heart

(DURATION) 2 DAYS

Contributory (Primary.) Mitral Stenosis

& Acute Pericarditis (DURATION) 30 DAYS

(Signed) L Roth M.D.

Address University Hospital

Date Sept 14th 1908

Place of Burial Oak Lawn

Date Sept 16 1908

Undertaker Pat's Manner

Address 1422 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15654

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15654

Registered No. B .....

City of Baltimore, (No. 1266 James St.; ..... ard)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia C. Kiernan

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 28 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER John J. Kiernan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia A. Smith

BIRTHPLACE OF MOTHER (State or country) Jessups Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kiernan

(Address) 1266 N. James St

Filed 9/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Sep 13 1908 that I last saw her alive on Sep 13 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Yingling M. D.

Sept 14 1908 (Address) 705 Wolfpin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral Cem | DATE OF BURIAL Sept 16 1908

UNDERTAKER H. C. Branny & Son | ADDRESS 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 16 — C15655 — Registered No. B C15655

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1143 N Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara H. Goeckus

{Residence, if in Baltimore, Give Street and Number.} 1143 N Carrollton

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | female |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 65 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | Not Known |
| BIRTHPLACE OF FATHER (State or country) | Not Known |
| MAIDEN NAME OF MOTHER | Not Known |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gaebel

(Address) 1143 N Carrollton Ave

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1908 to Sept 13th 1908

that I last saw h.. alive on Sept 13th 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

3 or 4 Months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. F. Michaelis M.D.

Address 115 N Franklin

Date 9/13 1908

Place of Burial Holy Redeemer

Date 9/16 1908

Undertaker Wm J Schilling

Address 9 S Paca St

WM. J. C. DULANY CO., BALTIMORE

C15656

4

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65

# CERTIFICATE OF DEATH.

Registered No. BC15656

City of Baltimore, (No. 158 W. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter J. Leach

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH (Month) (Day) (Year): 1 | |
| AGE: 64 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | John Leach |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Mary Kane |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maggie Funell

(Address) 158 W. Gay St.

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1908 to Sept. 13 1908 that I last saw him alive on Sept 12 1908 and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Softening of Brain

about one yr (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James M Fenton M. D.

Sept 15 1908 (Address) 7 W E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | Sept 16 1908 |
| UNDERTAKER | ADDRESS |
| Henry W. Means & Son | 505 N. Calvert |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15657

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

# CERTIFICATE OF DEATH.

Registered No. B C15657

City of Baltimore, (No. 1110 Leadenhall St. 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earl Louis Hecker

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White. |
| DATE OF BIRTH | April 8 1906 (Month) (Day) (Year) |
| AGE | 2 years, 5 months, 6 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland. |
| FULL NAME OF FATHER | John Hecker. |
| BIRTHPLACE OF FATHER (State or country) | Maryland. |
| MAIDEN NAME OF MOTHER | Minnie Doell. |
| BIRTHPLACE OF MOTHER (State or country) | Maryland. |
| OCCUPATION OF DECEASED | None. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hecker

(Address) 1110 Leadenhall st

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Sept 14 1908.

that I last saw him alive on Sept 14 1908,

and that death occurred, on the date stated above, at 12:15 A. M. The CAUSE OF DEATH was as follows:

Cardiac Syncope.

(DURATION) Few DAYS.

Contributory Cerebro Spinal Meningitis

(DURATION) DAYS

(Signed) Henry Macdonald M. D.

Sept 14 1908 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | Sept 16th 1908 |
| UNDERTAKER | ADDRESS |
| Jas & Thos. John H. Leuser | 801 W. Fayette St. |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7

C15658 Registered No. B C15658

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 937 Ridgely St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Stroh

{Residence, if in Baltimore, Give Street and Number.} 937 Ridgely St

Duration of Residence in Baltimore. 59 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Augst. 25 1829

AGE 77 years, 0 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Hessen Darmstadt

FULL NAME OF FATHER Conrad Stroh

BIRTHPLACE OF FATHER (State or country) Conrad Stroh

MAIDEN NAME OF MOTHER Conrad Stroh

BIRTHPLACE OF MOTHER (State or country) Conrad Stroh

OCCUPATION OF DECEASED Grocery & Provision Store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Stroh

(Address) Stockholm & Columbia Ave

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to Sept 12 1908 that I last saw him alive on Sept 12 1908, and that death occurred, on the date stated above, at 5.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary) Bright's Disease (DURATION) Many DAYS

(Signed) W. F. Ackemp M.D.

Address 8 W 25th St

Date Sept — 14th 1908

Place of Burial Loudon Park Cem

Date Sept 15 1908

Undertaker W. F. Tuckey's Son

Address Cathedral & Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15659

Ward 17 C15659 Registered No. B 77

# CERTIFICATE OF DEATH.

(Place of Death.) No. 408 New St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Annie Roads

{Residence, if in Baltimore, Give Street and Number.} 408 New St

Duration of Residence in Baltimore. 25 five years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ——— 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N C

FULL NAME OF FATHER Robert Blagmond

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Maggie Lipon

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Roads

(Address) 408 New St.

Filed 9/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Sept 12 1908 that I last saw h— alive on —— 1908, and that death occurred, on the date stated above, at 7 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

four weeks (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 180 DAYS

(Signed) A. J. Freeburn M.D.

Address 918 E. Fayette St

Date Sept 13 1908

Place of Burial Mt Auburn

Date Sept 15 1908

Undertaker R. F. Ellicott

Address 502 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15660

C15660

Ward 10 Registered No. B 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 215 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph C Harris

{Residence, if in Baltimore, Give Street and Number.} 215 N Amity St

Duration of Residence in Baltimore. 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: ~~Mulatto~~

DATE OF BIRTH: Aug 5 1847

AGE: 21 years, ..... months, ..... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Fenton M Harris

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Abigial Smith

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Labarer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abigale Smith

(Address) 215 N Amity St

Filed 9/15 1908 C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Sept 14 1908

that I last saw him alive on Sept 8 1908

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

7 months

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) A. C. Hearn M.D.

Address 15 E Hamilton Ave

Date Sept 14 1908

Place of Burial Woodlawn Cem

Date Sept 18 1908

Undertaker R A Elliott

Address 504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HE[illegible]H DEPARTMENT, City of Baltimore.

Ward 17 X

Registered No. B C15661

C15661

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Philip Eqgum

{Residence, if in Baltimore, Give Street and Number.} 506 Biddle Alley

Duration of Residence in Baltimore. 2 mos.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Unknown 1

AGE: 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Eqgum

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Marie Gibson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Eqgum

(Address) 1004 Wagon alley

Filed 9/15 1908

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Shock from fractured fibula explosion while blasting rock at Dickeyville Balto Co

(DURATION) 4 DAYS

Contributory (Primary.) accident

(DURATION) ... DAYS

(Signed) Silas Baldwin Comm'r M.D.

Address 700 N. Lafayette Ave

Date Sept 13. 1908.

Place of Burial Lancaster Co Va Smithsons Beck Church

Date Sept 15th 1908

Undertaker D. A. Gallant

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C15662 Registered No. C 15662 92

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant's St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Fisher

Residence, Give Street and Number, No 933 Fawn St.

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Dec. 8 1907

AGE 9 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Martin Fisher

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Catherine Skipper

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infants

(Address)

Filed 9/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Sept. 13 1908

that I last saw h im alive on " 12 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronch. Pneumonia

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E B Haywood M. D.

Address 1230 N Caroline

Date Sept 14 1908

Place of Burial Baltimore Cemetery

Date Sept. 16 1908

Undertaker Henry Storck & Son

Address 1301 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C15663 Registered No. C C15663

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Gessner

Residence, Give Street and Number, 1523 N. Dallas St.

Duration of Residence in Baltimore, 58 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Phillip Sanger

BIRTHPLACE OF FATHER (State or couuty) Germany

MAIDEN NAME OF MOTHER Francis Gemeinhauser

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Gessner

(Address) 1332 Harford Ave

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to Sept 14 1908

that I last saw her alive on Sept 14 1908

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Hemorrhage

(DURATION) DAYS

Contributory (Primary) Nephritis and Arteriosclerosis (DURATION) DAYS

(Signed) E. H. Hayman M. D.

Address 1230 N. Carlton

Date Sept 15 1908

Place of Burial Holy Redeemer Cemetery

Date Sept. 16 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15664

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

C15664

Ward 20

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1932 Wilhelm St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabel Mapus (Mapuis)

Residence, Give Street and Number, 1932 Wilhelm Street

Duration of Residence in Baltimore, 35 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balt Md

FULL NAME OF FATHER: Wm F Kremer

BIRTHPLACE OF FATHER (State or county): Balt Md

MAIDEN NAME OF MOTHER: Isable Kremer

BIRTHPLACE OF MOTHER (State or county): Dist Kremer

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Mapus

(Address) 1932 Wilhelm St

Filed 9/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: September 14th 1908

I HEREBY CERTIFY, That I attended deceased from August 6th 1908 to Sept. 14th 1908

that I last saw h~~er~~ alive on Sept. 13th 1908

and that death occurred, on the date stated above, at 4.05 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion, Pulmonary Edema, Heart failure.

(DURATION) 1 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) Wm. Nicholls M. D.

Address 30 N. William Ave

Date Sept. 14th 1908

Place of Burial St Peters

Date Sept 16" 1908

Undertaker N. S. Pinck

Address 2113 N. Pratt St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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97

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DAYS

DAYS

M.D.

190

190 8

C15665

15

missing

Furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 3 — C15666 — Registered No. B C15666

# CERTIFICATE OF DEATH.

(Place of Death.) No. 822 S Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wanda Kaszatka.

{ Residence, if in Baltimore, Give Street and Number. } 822 S Bond St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 5 1907

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wladislaw Kaszatka

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Bronislawa Krzinecz

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaws Kaszatka

(Address) 822 S Bond st

Filed 9/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 15 1908 that I last saw h— alive on Sept 13 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

2 wks. (DURATION) DAYS

Contributory (Primary.) Convulsions —

1 Day (DURATION) DAYS

(Signed) Jno E Brunes M.D.

Address 125 Orby

Date Sept 15/08 1908

Place of Burial Holy Rosary

Date Sept 16 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna st

1703

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B C15667

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Eastern Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Cecilia Rolof.

{Residence, if in Baltimore, Give Street and Number.} 1514 Eastern Ave

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 7 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank. Rolof.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Wiktorya Slatkowska

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wiktorya Rolof.

(Address) 1514, Eastern

Filed Sept 15 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Sept 15 1908 that I last saw h.er alive on Sept 15 1908, and that death occurred, on the date stated above, at A.M. CAUSE OF DEATH (Secondary or Immediate.)

acute Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kenton M.D.

Address 16 E Bond

Date Sept 15 1908

Place of Burial Holy Rosary.

Date September 16th. 1908

Undertaker Jacob Traikowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15

Registered No. B. 015668

# CERTIFICATE OF DEATH.

179•

(Place of Death.) No. 1535 Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Ryan

{ Residence, if in Baltimore, Give Street and Number. } 1535 Bruce St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Josie Lowmo

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosie Ryan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Ryan

(Address) 1535 Bruce st

Filed Sept 16 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

from birth (DURATION) 7 DAYS

Con'ributory (Primary.) Congenital Lue

(DURATION) ..... DAYS

(Signed) Lucas Reed Dunn M.D.

Address 700 Eager av. (Govans)

Date Sept 15th 1908

Place of Burial Cit. Cathedral

Date 9/16 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward V Registered No. C15669

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1908 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Rosenthal

Residence, Give Street and Number, 1908 Canton ave

Duration of Residence in Baltimore, 56 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: August 8 1833

AGE: 75 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Fallins Rosenthal

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Elizabeth Eigrny

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Rosenthal

(Address) 1908 Canton ave

Filed Sept 16" 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 13 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to Sept 13 1908 that I last saw him alive on Sept 10 1908 and that death occurred, on the date stated above, at 830

M. CAUSE OF DEATH (Secondary or Immediate,)

Senile Debility

Contributory (Primary) Exhaustion (DURATION) DAYS

(DURATION) DAYS

(Signed) John Roth M. D.

Address Balls Eastern Dispensary

Date Sept. 14 1908

Place of Burial Holy Redeemer

Date September 16 1908

Undertaker Wendell & Uppel Son

Address 37 S Amm A

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15670 Registered No. B C15670

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jendgraf.

{ Residence, if in Baltimore, Give Street and Number. } Westminister Md

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male- | COLOR White

DATE OF BIRTH May 26th 1886

AGE 22 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Westminster Md.

FULL NAME OF FATHER Albert B. Jendgraf.

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Sophia Krottle

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md.

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Gauthrop

(Address) Nutt & Linden Sts.

Filed 9/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1908

I HEREBY CERTIFY, That I attended deceased from aug. 26 1908 to Sept. 16 1908 that I last saw him alive on Sept. 16 1908, and that death occurred, on the date stated above, at 2 25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) 4 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 21 DAYS

(Signed) Harry L. Hance M.D.

Address Union Protestant Infirmary

Date September 16 1908

Place of Burial Westminister Md.

Date Sept - 16th 1908

Undertaker W. M. Gauthrop

Address Nutt & Linden Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

C15671

Ward 11 — Registered No. B C15671

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Bell

{Residence, if in Baltimore, Give Street and Number.} 1139 Park Ave

Duration of Residence in Baltimore. 25 yrs

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | 1 |
| AGE | 45 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Va |
| FULL NAME OF FATHER | Aaron Burrows |
| BIRTHPLACE OF FATHER (State or country) | Va |
| MAIDEN NAME OF MOTHER | Hanna Randolph |
| BIRTHPLACE OF MOTHER (State or country) | Va |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bell

(Address) 1139 Park Ave

Filed 9/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 14 1908 that I last saw her alive on Sept 14 1908, and that death occurred, on the date stated above, at 6 a.m. a.m. CAUSE OF DEATH (Secondary or Immediate)

Cirrosis Conrad

(DURATION) ..... DAYS

Contributory (Primary.) Albuminuria

(DURATION) ..... DAYS

(Signed) T. C. Stockard M.D.

Address 822 D. Hill Ave

Date Sept 14 1908

Place of Burial Mt Auburn Cem

Date Sept 16th 1908

Undertaker Alex Hemsley

Address 518 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15672 Registered No. C C15672

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland H. Collins

Residence, Give Street and Number, 1408 Ramsay St

Duration of Residence in Baltimore, during life.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male, | white |

DATE OF BIRTH Jan 18 1902

AGE 6 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md,

FULL NAME OF FATHER John H. Collins

BIRTHPLACE OF FATHER (State or county) Balto Md.

MAIDEN NAME OF MOTHER Clara V. Steiner

BIRTHPLACE OF MOTHER (State or county) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Collins

(Address) 1408 Ramsay St.

Filed 9/16 1908 HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 15 1908 that I last saw h[illegible] alive on Sept 15 1908 and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate,)

general sepsis

(DURATION) 2 DAYS

Contributory (Primary) Membranous angina and ulcerative stomatitis

(DURATION) 7 DAYS

(Signed) H. E. Kunkle M. D.

Address 1002 W. Lexington

Date Sept 15 1908

Place of Burial Loudon Park Cem

Date September 17 1908

Undertaker Joseph B Cook

Address 1003 E Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 21

C15673

Registered No. C 15673

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1116 W. Hamburg St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth C. Bucking

Residence, Give Street and Number, 1116 W. Hamburg

Duration of Residence in Baltimore, 5-4 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: W White

DATE OF BIRTH: June 9th 1835

AGE: 73 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Henry Damer

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Elizabeth C. Damer

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Osborn

(Address) 1116 W. Hamburg St.

Filed 9/16 1908

HARRY C. ANDREWS. Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 15th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3d 1908 to Sept 15th 1908, that I last saw her alive on Sept 15th 1908 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthenia

(DURATION) 30 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 10 months

(Signed) C. F. Hawkins M. D.

Address 1609 Light St.

Date Sept 16th 1908

Place of Burial London Park

Date Sept 19th 1908

Undertaker Chas F. Wasmuth

Address 1610 W. Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15674 Registered No. B .....

# CERTIFICATE OF DEATH.

C15674
120

(Place of Death.) No. Bay View Hospital, Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alverda League

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 3 1

AGE 48 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John J. League

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Annie Rose

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 14 1908 that I last saw her alive on Sept 14 1908, and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia + Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Endocarditis +

Chronic Nephritis (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum.

Date September 15 1908.

Place of Burial London Park ~~Sept 16 1908~~

Date Sept 16 1908

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 8 — C15675 — Registered No. B C15675

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1747 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Ziegler

{Residence, if in Baltimore, Give Street and Number.} 1747 N. Gay st

Duration of Residence in Baltimore. 23 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 6th 1862

AGE: 45 years, 5 months, 9 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Charles Ziegler

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louisa Schleck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto A. Ziegler

(Address) 1747 N. Gay st

Filed 9/16 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1908 to Sept 10th 1908 that I last saw him alive on Sept 10 1908, and that death occurred, on the date stated above, at 1220 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of the Lungs

about nine months (DURATION) DAYS

Contributory (Primary.)

nine months (DURATION) DAYS

(Signed) F. W. Bartley M.D.

Address 1204 W. Fayette St.

Date September 15th 1908

Place of Burial Baltimore Cemetery

Date September 15th 1908

Undertaker George Schilling & Sons

Address 1126 E. Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15676

22

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15676

Registered No. B.....

City of Baltimore, (No. 214 N. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME James Magruder

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX male | COLOR color |
| DATE OF BIRTH ~~Aug~~ Belt ~~Monday 1908~~ (Month) (Day) 6 Year) | |
| AGE 55 years, unknown months, X days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Virginia |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | unknown |
| BIRTHPLACE OF MOTHER (State or country) | unknown |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 N Lee St

Filed 9/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

*MEDICAL CERTIFICATE OF DEATH*

DATE OF DEATH 9 (Month) 14th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1908 to Sept 14th 1908 that I last saw h[im] alive on Sept 14th 1908, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Apoplexy
Paralysis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) R. M. Hall M. D.

Sept 16th 1908 (Address) 1419 Hillman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | Sept 16 1908 |
| UNDERTAKER John H Woodson | ADDRESS 142 Hill Street |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C15677 — Registered No. B C15677

# CERTIFICATE OF DEATH.

9

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Irene Hall

{ Residence, if in Baltimore, Give Street and Number. } 2107 Druyer Street

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David E. Hall.

(Address) 2107 Mayerlick

Filed 9/16 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Sept 15 1908 that I last saw h[illegible] alive on Sept 15 1908, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) DAYS

Contributory (Primary.) Mitral in. subsequent

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date Sept 16 1908

Place of Burial Baltimore Cem

Date Sept. 17 1908

Undertaker Owen Cook

Address 502 S Market

Entered time & Thursday 10 o'clock Gravenmal Cert

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15 Registered No. B C15678

C15678

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1416 Patterson ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Ella B and Lawrence H Worley

{Residence, if in Baltimore, Give Street and Number.} 1416 Patterson ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Sep 14 1908

AGE — years, — months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lawrence H Worley

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Ella B. Cullen

BIRTHPLACE OF MOTHER (State or country) Balto County.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence H. Worley

(Address) 1416 Patterson ave

Filed 9/16 1908 HARRY J. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1908 to Feb 15 1908 that I last saw h alive on Sep. 15 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Cullen M.D.

Address 1300 E Lanvale

Date Feb. 15 1908

Place of Burial Western Cemetery

Date Sept 16 1908

Undertaker Geo. Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C15679

Ward 17

C15679 Registered No. B

83

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name F. Lee Williams

{ Residence, if in Baltimore, Give Street and Number. } Richwood Nicholas Co W. Va

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | May 18 1874 |
| AGE | 34 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | W. Va |
| FULL NAME OF FATHER | James Williams |
| BIRTHPLACE OF FATHER (State or country) | Va |
| MAIDEN NAME OF MOTHER | Mary V. Johnson |
| BIRTHPLACE OF MOTHER (State or country) | Va |
| OCCUPATION OF DECEASED | Printer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Angus E. Williams

(Address) Richwood Va

Filed 9/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH September 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 15 1908 that I last saw him alive on Sept 15 1908, and that death occurred, on the date stated above, at 1105 P M. CAUSE OF DEATH (Secondary or Immediate)

General septicaemia
Dyophlebitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Dyatch. M.D.

Address Johns Hopkins Hospital

Date Sept 16 1908

Place of Burial Richwood W. Va

Date Sept 16. 1908

Undertaker Allard & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17 C15680 Registered No. B C15680

27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 526 N. Mary St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irving Gross.

{ Residence, if in Baltimore, Give Street and Number. } 526 N. Mary St

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balty.

FULL NAME OF FATHER Robt Gross.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Emma Smith

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Gross

(Address) 526 N. Mary St

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Sept 15 1908

that I last saw h~~im~~ alive on Sept 15 1908

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthysis Pulmonalis

2 months (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Theodore Gottlieb M.D.

Address 1608 N. Chas St.

Date Sept 16 1908

Place of Burial Int. Auburn

Date Sept 16 1908

Undertaker R. F. Calcutt

Address 507 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C15681

Ward 6 C15681 Registered No. B 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 402 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rochell, Sullivan

{Residence, if in Baltimore, Give Street and Number.} 402 N. Dallas

Duration of Residence in Baltimore. 35 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1843

AGE: 63 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Michael Dorsey

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Rachel Dorsey

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry Brown

(Address) 406 N. Dallas St

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 15 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Sept 15 1908

that I last saw her alive on 14 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Cerebral Hemorrhage (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Arthur C. Blake M.D.

Address 1014 N Lafayette

Date Sept 15. 1908

Place of Burial Laurel Cem

Date Sept 18 1908

Undertaker Wm. H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C15682 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 15682

# CERTIFICATE OF DEATH.

176

(Place of Death.) No. 1042 Hanbert St. (if Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Katherine Winterling

Residence, Give Street and Number, 1042 Hanbert St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: August 25 1908

AGE: ..... years, 1 hour months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Catherine Winterling

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Winterling Mother

(Address) 1042 Hanbert St

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.30 M. CAUSE OF DEATH (Secondary or Immediate,)

Congestion of Lungs & Brain

due to having been smothered

by her mother

Homicide (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo M Reinhardt M. D.

Coroner

Address .....

Date September 14 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date SEP 14 1908 SEP 16 1908 190 .....

Undertaker Consolidated Funeral Co.

Address For the HOSPITAL

Remarks City to bury Body at the Morgue

FOR STATISTICAL PURPOSES

THIS FORM WILL FILL OUT THIS EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15683 Registered No. C C15683

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John L Conway —

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR B

DATE OF BIRTH ..... 1

AGE 56 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Mulloy.
BAY VIEW ASYLUM.

(Address) .....

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13 1908 to Sept 15 1908 that I last saw h — alive on Sept 15 1908 and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

..... (DURATION) — DAYS

Contributory (Primary) Pulmonary Stasis — (DURATION) DAYS

(Signed) H. N. Eskew M. D.

Address Bay View Hospital

Date Sept 16 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 16 1908 1908

Undertaker G. L. Shurley

Address 931 N. Monroe St

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C15684 — Registered No. C 15684 56

# CERTIFICATE OF DEATH.

(Place of Death.) No. 224 N. Liberty St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. P. Gardiner

Residence, Give Street and Number, ~~—~~ ? Fort Run

Duration of Residence in Baltimore, Some years —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR White

DATE OF BIRTH Fort Run 190~~8~~

AGE About 5-2 Fort Run years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Fort Run

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Ad worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Irwin

(Address) 224 N. Howard St.

Filed 9/16 190~~8~~ HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 12 9 P.M. or 13th A.M. last 190~~8~~

I HEREBY CERTIFY, That I attended ~~deceased from~~ 190 to 190

that ~~I last saw h~~ alive on 190 Sept 12 at 9 P.M.

and that death occurred, on the date stated above, at Sept 12 at 9 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Alcoholism

(DURATION) DAYS

(Signed) W. D. Riley Coroner M. D.

Address 1639 Bruckey, 6

Date Sept 16 1908

Place of Burial Holy Cross.

Date Sept. 17 1908

Undertaker Wm Cook

Address 1050 Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15685

City of Baltimore, (No. 1446, W Baltimor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barney L Fink

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 23 (Day) 1869 (Year)

AGE: 39 years, 7 months, 21 days

SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Solomon Fink

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Celia Finkelstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Fink

(Address) 1446 W. Baltimore St

Filed Sept 16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 16th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 16 1908 that I last saw h[illegible] alive on Sept 16 1908, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Septicaemia beginning on lip involving face.

(DURATION) 8 DAYS

Contributory Pneumonia septic both lungs (DURATION) 5 DAYS

(Signed) Joseph E Hickens M. D.

Sept 16th 1908 (Address) 1576 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Washington Rd — DATE OF BURIAL: Sept 16 1908

UNDERTAKER: May Levinson — ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Dr. L Caruther Corner N.E.D. Sept 16-08-2 pm

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN

Ward 10

# HEALTH DEPARTMENT, City of Baltimore.

C15686 Registered No. C15686

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1113 Wilcox St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Louise Bush

Residence, Give Street and Number, 1113 Wilcox St

Duration of Residence in Baltimore, 7 yrs 2 mo.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: W

DATE OF BIRTH: July 15th 1901

AGE: 7 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John Louis Bush

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Alberta Cresswell

BIRTHPLACE OF MOTHER (State or county): Harford Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John L. Bush

(Address) 1113 Wilcox St

Filed 9/16 1908

HARRY C. ANDREWS.
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 16 1908

that I last saw her alive on Sept 15 1908

and that death occurred, on the date stated above, at 5-45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral meningitis

10 (DURATION) DAYS

Contributory (Primary) Epi Pneumonia (DURATION) DAYS

(Signed) F. A. Warner M. D.

Address 1133 Valley St

Date Sept 17 1908

Place of Burial Oak Lawn Cemetery

Date Sept 18 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15687

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15687

Registered No. B

City of Baltimore, (No. 929, Valley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lynch

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1908 (Year)

AGE: — years, One months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Chas Jacobs

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Elizabeth Lynch

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Mary Lynch

(Address) 9 Madison St Homestead

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 15 1908 that I last saw her alive on Sept 15 1908, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Enteritis (DURATION) 7 DAYS

Contributory Artificial Feeding (DURATION) DAYS

(Signed) Hugh M Boring M. D.

9/16 1908 (Address) 834 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross Cemetery | Sept. 16 1908 |
| UNDERTAKER | ADDRESS |
| Henry Hoeck's Son | 1301 E Eager St |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 1

C15688 Registered No. B C15688

119

# CERTIFICATE OF DEATH.

(Place of Death.) No. 716 N Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Brasel

{Residence, if in Baltimore, Give Street and Number.} 716 N Madeira St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Albert Brasel

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Mary Foyer

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brasel

(Address) City N. Madeira

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 15 1908 that I last saw him alive on 1908, and that death occurred, on the date stated above, at 7

11. CAUSE OF DEATH (Secondary or Immediate)

Acute Parenchymatous Nephritis

(DURATION) DAYS

Contributory (Primary.)

Endocarditis (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2005 Eastland.

Date Sept 16 1908

Place of Burial Holy Redeemer

Date Sept 17 1908

Undertaker Grant Brach and Son

Address 1907 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C15689. Registered No. C C15689

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bayard & Ridgley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Lehnert

Residence, Give Street and Number, 437 S Smallwood St

Duration of Residence in Baltimore, 26 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH March 17 1850

AGE 58 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER William Lehnert

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Doit Known

BIRTHPLACE OF MOTHER (State or county) Doit Known

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Lehnert (wife)

(Address) 437 S. Smallwood St

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 15 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 5.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Geo W Eckhardt M. D.

Address Same

Date September 15 1908

Place of Burial Western Cem.

Date Sept. 18th 1908

Undertaker Charles Veith

Address 810 Fulton Ave. City

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C15690 Registered No. B C15690

167

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Madeline Price

{Residence, if in Baltimore, Give Street and Number.} 203 S. Durham.

Duration of Residence in Baltimore. 9 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 15th 1907

AGE X years, 10 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~DIVORCED~~ Dau

BIRTHPLACE (State or country) Md. Harford Co.

FULL NAME OF FATHER Wm G. Price

BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

MAIDEN NAME OF MOTHER Margaret Roth

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Price

(Address) 203 S. Durham St

Filed 9/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Burns-

(Acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Leigh Cumnett M.D.

Address Arnes Md

Date Sept 16 08 190

Place of Burial Sacred Heart Cemetery

Date Sept 17th 190 8

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15691 Registered No. B C15691

# CERTIFICATE OF DEATH.

155

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Kessler

{ Residence, if in Baltimore, Give Street and Number. } 2100 Ashland Ave.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h alive on ~~1908~~ 1908,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Carbolic Acid.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carrington M.D.

Address Corner Nord

Date Sept 15 08 1908

Place of Burial Holy Cross

Date Sept 17 1908

Undertaker Wm C. Sharff'n

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C15692

Ward 14 C15692 Registered No. B 113

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie P. McWhorter

{Residence, if in Baltimore, Give Street and Number.} Lewisburg, West Virginia.

Duration of Residence in Baltimore. 2 Weeks

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 1874

AGE 34 years, ? months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lewisburg W. Va

FULL NAME OF FATHER Joseph McWhorter

BIRTHPLACE OF FATHER (State or country) Pa.?

MAIDEN NAME OF MOTHER Julia Kinsley

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. B. Holt

(Address) Lewisburg W. Va.

Filed 9/16 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 — 1908 to Sept. 16 1908 that I last saw h.er alive on Sept. 16 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage, oozing from Lacerated wound, rectum, probably Stomach & Kidneys.

(DURATION) 10 DAYS

Contributory (Primary.) Biliary Calculi (DURATION) 4 months

(Signed) Harry L. Howe M.D.

Address Union Protestant Infirmary

Date September 16 — 1908

Place of Burial Lewisburg, W. Va

Date Sept. 16 1908

Undertaker Henry W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3

# HEALTH DEPARTMENT, City of Baltimore.

~~C15693~~ Registered No. C15693

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. Hebrew Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isaac Friedman

Residence, Give Street and Number, 1017 E Pratt

Duration of Residence in Baltimore, 8 years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH ..... 1 .....

AGE (43) 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Samuel Friedman

BIRTHPLACE OF FATHER (State or couuty) Russia

MAIDEN NAME OF MOTHER Hanni Leigh

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Leigh

(Address) 1602 E Fratt st

Filed 9/17 1908 HARRY C. ANDREWS, CHIEF CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 17 1908

that I last saw h~~im~~ alive on Sept 17 1908

and that death occurred, on the date stated above, at 6 40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Insanity, exhaustion to retain food

(DURATION) 10 DAYS

Contributory (Primary) Tuberculosis of Pleura (DURATION) 2 DAYS

(Signed) Nathan Brayles M. D.

Address Hebrew Hospital

Date Sept 17 1908

Place of Burial Hebrew Rosedale

Date Sept. 17 1908

Undertaker Max Lennon

Address 1622 Druid Hill Ave

Remarks

...HEALTH DEPARTMENT, City of Baltimore.

Ward 3d

C15694

Registered No. B C15694

# CERTIFICATE OF DEATH.

112

(Place of Death.) No. 102 S. Caroline St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Moses Gibson

{Residence, if in Baltimore, Give Street and Number.} 102 S. Caroline St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored |
| DATE OF BIRTH | \ 1 |
| AGE | 38 — — years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | James Gibson |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Eliza Cooker |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Williams

(Address) 102 S. Caroline St

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1908 to Sept 15th 1908

that I last saw him alive on Sept. 15th 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 10 DAYS

Con ributory (Primary.) Cirrhosis Liver

(DURATION) — DAYS

(Signed) R. T. Ellis M.D.

Address 210 S. Broadway

Date Sept. 16th 1908

Place of Burial Laurel

Date Sept. 18th 1908

Undertaker R. A. Ellis

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15695 Registered No. B C15695

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 319-E. 21½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alberta Henry

{Residence, if in Baltimore, Give Street and Number.} 319 E 21½ St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lewis Henry

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hester Henry

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sterling

(Address) 319 E 21½ St

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept. 15 1908

that I last saw h alive on Sept. 12 1908

and that death occurred, on the date stated above, at 6 a

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthma

(DURATION) 10 DAYS

Contributory (Primary.) Atelectasis

Pulmonalis (DURATION) 3 months DAYS

(Signed) John D. Kuhn M.D.

Address 428 Gorsuch Ave

Date Sept. 15 1908

Place of Burial Laurel

Date Sept 17 1908

Undertaker R. F. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15696 Registered No. B C15696

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Thorpe

{Residence, if in Baltimore, Give Street and Number.} 920 N. Pratt St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH Unknown 1

AGE About 54 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Eliz. Mullen

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. B. Thorpe

(Address) 920 N. Pratt St

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.) Uraemic Coma

found unconscious on street & died in a few hours. (DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease of Unknown (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D. Coroner

Address 700 N. Lafayette Ave.

Date Sept 16 1908

Place of Burial Mt. Peter

Date Sept 19 1908

Undertaker John J. Cowan

Address 901 Holliday St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when no notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person intending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 X

C15697 Registered No. B C15697

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. 50

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margarit Parker

{ Residence, if in Baltimore, Give Street and Number. } 1619 Prestman Street

Duration of Residence in Baltimore. 5 weeks

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Bayers

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Caroline Bayers

(Address) 1619 Prestman St

Filed 9/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Sept 16 1908 that I last saw her alive on Sept 16 1908, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. W. Griffith M.D.

Address Johns Hopkins Hospital

Date Sept 1908

Place of Burial Greenmount Cem

Date Sept 18 1908

Undertaker Alfred Foreland

Address 106 N Edmondson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15698

5

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

# CERTIFICATE OF DEATH.

Registered No. B C15698

City of Baltimore, (No. 601 N Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Müller

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Oct. (Month) 7 (Day) 1825 (Year)

AGE: 82 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Müller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Müller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L G Müller

(Address) Lawnville

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 15 1908 that I last saw her alive on Sept 15 1908, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Old age -

death took place (DURATION) 1 DAYS

Contributory by heart failure (DURATION) DAYS

(Signed) Benj F Grove M. D.

Sept 16 1908 (Address) 502 N Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ....

PLACE OF BURIAL OR REMOVAL: Balto Cem. | DATE OF BURIAL: 9/18 1908

UNDERTAKER: J Herring & Son | ADDRESS: 2008 Orleans LK

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and*** date of death.

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C15699

Registered No. C C15699

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Ester (Ester)

Residence, Give Street and Number, 1322 McHenry St

Duration of Residence in Baltimore, 5 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE 12 years, 11 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Hungaria

FULL NAME OF FATHER Joseph Ester

BIRTHPLACE OF FATHER (State or county) Hungaria

MAIDEN NAME OF MOTHER Louise "

BIRTHPLACE OF MOTHER (State or county) Hungaria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard St

Filed 9/17 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 16 1908

I HEREBY CERTIFY, That I attended deceased from as Boarder 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) DAYS

Contributory (primary) Osteo Myelitis of Femur (DURATION) 7 dd DAYS

(Signed) Patrick H. Martin M. D.

Address 1002 W. Lafayette ave

Date Sept 17 1908

Place of Burial Loudon Park

Date Sept 18th 1908

Undertaker John J. Fields

Address 1200 W. Lombard St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C15700 Registered No. B C15700

# CERTIFICATE OF DEATH.

82

(Place of Death.) No. Church Home = infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Rose E Elliott

{Residence, if in Baltimore, Give Street and Number.} 2026 Mt Royal Terrace - Baltimore

Duration of Residence in Baltimore. 47 yrs -

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White - |
| DATE OF BIRTH | Aug 29. 1861 |
| AGE | 47 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single - |
| BIRTHPLACE (State or country) | Baltimore - |
| FULL NAME OF FATHER | Wm E Elliott - |
| BIRTHPLACE OF FATHER (State or country) | U. S - |
| MAIDEN NAME OF MOTHER | Rosannah Bunting |
| BIRTHPLACE OF MOTHER (State or country) | Balto Md |
| OCCUPATION OF DECEASED | None - |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Don Preston Peters

(Address) Church Home & Infirmary

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1908 to Sept 14th 1908

that I last saw h[illegible] alive on Sept 14th 1908

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolus -

(DURATION) 1/2 DAYS

Con'tributory (Primary.) Operation for removal of adhesions between gall bladder & duodenum (DURATION) 28 DAYS

(Signed) J Herbert Bates M.D.

Address Church Home & Infirmary

Date 190

Place of Burial Green Mount

Date Sept. 17th 1908

Undertaker E Madison Mitchell

Address 1201 W. Fayette, st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15701 Registered No. B C15701

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Thames St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Grygiel

{ Residence, if in Baltimore, Give Street and Number. } 1628 Thames St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE ..... years, ..... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alexander Grygiel

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Rosalie Galanicz

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Grygiel

(Address) 1628 Thames St

Filed 9/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 12 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Imal Intution

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial Holy Rosary

Date Sept. 12. 1908

Undertaker William Frascowski

Address 728 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C15702 Registered No. C C15702

# CERTIFICATE OF DEATH.

(Place of Death.) No. 804 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A Joyce

Residence, Give Street and Number, 804 N Calhoun St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 24 1883

AGE: 25 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Joseph L Walters

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Leah L West

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Walters

(Address) 804 N Calhoun St

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH SEP 15 1908 190

I HEREBY CERTIFY, That I attended deceased from SEP 4 1908 to SEP 15 1908

that I last saw h alive on SEP 15 1908

and that death occurred, on the date stated above, at 6 45

M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 21 DAYS

Contributory (Primary) Cerebro Spinal Meningitis

(DURATION) DAYS

(Signed) IRA L. METTERHOFF, M. D.

Address N. E. Cor. Lafayette & Carrollton Aves., Baltimore, Md. U. S. A.

Date SEP 17 1908

Place of Burial Woodlawn

Date Sept 17 1908

Undertaker J E Hughes

Address 1412 Pennsylvania

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C15703 Registered No. B C15703

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1914 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Silas Anderson

{Residence, if in Baltimore, Give Street and Number.} 1914 Brunt St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Sept. 12th 1908

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sam. R Anderson

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Sophia Johnson

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. R. Anderson

(Address) 1914 Brunt St.

Filed 9/17 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate) Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) Twin Pneumonia

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Log. av. (Canton)

Date Sept. 17th 1908

Place of Burial Mt Auburn Cem.

Date Sept 17th 1908

Undertaker Alex Hensley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15704 Registered No. B C15704

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ivorrie Anderson

{Residence, if in Baltimore, Give Street and Number.} 1914 Brunt St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Sept. 12th 1904

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sam. R Anderson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sophie Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam. R. Anderson

(Address) 1914 Brunt St.

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Infirmary

nancy (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Lof. av. (Govans)

Date Sept. 17th 1908

Place of Burial Mt Auburn Cem.

Date Sept 17th 1908

Undertaker Alex Hemsley

Address 518 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15705 Registered No. B C15705

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Diggs

{ Residence, if in Baltimore, Give Street and Number. } 1443 N. Mount Street.

Duration of Residence in Baltimore. About 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 63 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Diggs

(Address) 1610 Bruce St

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept 16 1908

that I last saw him alive on Sept 16 1908

and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of penis

Uraemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Sept. 1908

Place of Burial Mt. Zion Cem.

Date Sept 18th 08 190

Undertaker Alex Hamilton

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15706 Registered No. B C15706

138

# CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S. Bond. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Przybylski Ziutak

{Residence, if in Baltimore, Give Street and Number.} 618 S. Bond St. Baltimore Md

Duration of Residence in Baltimore. Twenty three years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH, North Unknown 1884

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ann Arundel Co. Md.

FULL NAME OF FATHER, Joseph Przybylski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER, Katherine Fabiszak

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased Husband Theodore Ziutak

(Address) 618 S. Bond. St. Balto Md.

Filed 9/17 1908 BARRY O. ANDREWS. Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12.30 A.M. Sept 16th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1908 to Sept 16th 1908 that I last saw h er alive on Sept 15th 1908, and that death occurred, on the date stated above, at 12.45 A.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Heart Failure.

Nephritis, Exact Duration Unknown

A Few hrs. for Heart Failure (DURATION) DAYS

Contributory (Primary.) Pernicious Vomiting of Pregnancy (DURATION) Three Weeks

(Signed) Alex. P. Harrison M.D.

Address 143 N. Broadway Balto Md.

Date Sept 16th 1908

Place of Burial St Stanislaus.

Date Saturday Sept 19" 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — C15707 — Registered No. B C15707

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 618 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Paul Grenkiewicz

{Residence, if in Baltimore, Give Street and Number.} # 618 S. Wolf St

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Vincent Grenkiewicz.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Sophia Berdnadzikoska.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Grenkiewicz

(Address) 618 S. Wolfe St

Filed 9/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1908 to Sept. 16 1908 that I last saw him alive on Sept 15 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 19 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 30 DAYS

(Signed) John H. Rahberger M.D.

Address #1709 Alice Anna St.

Date Sept 16th, 1908

Place of Burial Holy Rosary.

Date Thursday Sept. 17 1908

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15708

Ward 20 C15708 Registered No. B

# CERTIFICATE OF DEATH.

26

(Place of Death.) No. 406 S. Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anna Alexandrowicz

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 24 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 25 th 1882

AGE: 26 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Alexander Gwinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ane Marcinowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wiesty Alexandrowicz

(Address) 406 S. Bethel St

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 14 1908 that I last saw h[er] alive on Sept 14 1908, and that death occurred, on the date stated above, at 9[15] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Larynx (DURATION) 10 DAYS

Contributory (Primary.) Bronchi (DURATION) 20 DAYS

(Signed) S. S. Szumowski M.D.

Address 1713 Bank St

Date September 16 th 1908

Place of Burial Holy Rosary

Date Friday Sept 18th 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C15709 Registered No. B C15709

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3104 Evergreen Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August H. Haring

{ Residence, if in Baltimore, Give Street and Number. } 3104 Evergreen Terrace

Duration of Residence in Baltimore. 5 4 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 19th 1823

AGE: 84 years, 9 mont's, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Karl Haring

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Flohr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Haring

(Address) 3104 Auchentroly Terr.

Filed 9/17 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Sept. 15th 1908

that I last saw h alive on Sept. 15th 1908

and that death occurred, on the date stated above, at 3 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

C. Pneumonia

(DURATION) Days

Contributory (Primary.) Heart Disease (DURATION) 10 Days

(DURATION) DAYS

(Signed) Maurice Powe M.D.

Address 1525 E Baltimore St

Date Sept. 16th 1908

Place of Burial Druid Ridge Cemetery

Date Sept. 17th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 — C15710 — Registered No. B C15710

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 14 S. Ann. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Greenbaum

{Residence, if in Baltimore, Give Street and Number.} 14 S. Ann St

Duration of Residence in Baltimore. life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joe Greenbaum

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Weinberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm J. Greenbaum

(Address) 14 S. Ann St.

Filed 7/17 1908

HARRY C. ARNOLD,
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 14 1908 that I last saw him alive on Sept 14 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 months DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. Fluder M.D.

Address 1119 E. Balto. St

Date Sept. 17. 1908

Place of Burial Washington road hebrew cemetery

Date Sept. 17 1908

Undertaker Max Levinson

Address 1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C15711

Registered No. C

# CERTIFICATE OF DEATH.

C15711

151

(Place of Death.) No. St. Vincents Infant Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Harrison

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W.

DATE OF BIRTH ..... 1901

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 9/17 190 8

HARRY C. ANDREWS
Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 15 190 8

I HEREBY CERTIFY, That I attended deceased from Sept. 1 190 8 to Sept. 15 190 8

that I last saw her alive on Sept. 190 8

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E J G Kenyon M. D.

Address 1230 N Caroline

Date Sept. 16 190 8

Place of Burial Our Cathedral

Date Sept. 17 190 8

Undertaker Martin Fahy & Sons

Address 600 Lafayette ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C15712

Registered No. C C15712

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant. Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rolland Ball

Residence, Give Street and Number, St. Vincents Infs. Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infl Asylum

(Address)

Filed 9/17 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 16 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 1 190 8 to Sept. 16 190 8

that I last saw h-in- alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) D. A. Hayman M. D.

Address 230 N Caroline

Date Sept. 16 190 8

Place of Burial Mt Calvert

Date Sept. 17 190 8

Undertaker Martin Kahn & Son

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15713 C15713

Ward 7

Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 224 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Baker

{Residence, if in Baltimore, Give Street and Number.} 224 S. Washington St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 16 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Chas. D. Baker

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Wilhelmine Wolf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. D. Baker

(Address) 224 S. Washington St

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on Sept 16 1908,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. Feller M.D.

Address 1937 Gough St

Date Sept 17 1908

Place of Burial 1st Evangelical Cemetery

Date Sept 17 1908

Undertaker Christian Miller

Address 2332 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

Ward 10

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C15714

## CERTIFICATE OF DEATH.

69

(Place of Death.) No. 1210 Wadford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Moran

Residence, Give Street and Number, 1210 Wadford ave (Moran)

Duration of Residence in Baltimore, 50 years

### PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: January 19 1857

AGE: 51 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): New York

FULL NAME OF FATHER: Edward Moran

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Cook

BIRTHPLACE OF MOTHER (State or county): New York

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ambrose Ryan

(Address) 1201 Wadford ave

Filed 9/17 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 16 1908

that I last saw h er alive on Sept 16 1908

and that death occurred, on the date stated above, at 2.15 A M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Epilepsy

(DURATION) Final days.

(Signed) J C Knepp, M. D.

Address 1214 E. Preston St.

Date Sept 16 1908

Place of Burial Cathedral Cemetery

Date Sept 18 1908

Undertaker Chas F. Evans

Address 1187 & 1207 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15715 Registered No. B C15715

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McKenna

{Residence, if in Baltimore, Give Street and Number.} 1218 Wilcox St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 5th 1868

AGE 39 years, 11 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James McKenna

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Donody

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1218 Wilcox St

Filed 9/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 15 1908 that I last saw h-im alive on Sept 15 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Intoxication

(DURATION) DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) H. W. Wilkinson M.D.

Address St Josephs Hospital

Date 9/15/08 190

Place of Burial Cathedral

Date Sept 18 1908

Undertaker Henry C. Widefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C15716 Registered No. C 15716

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1605 John St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Stinn

Residence, Give Street and Number, 1605 John

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH unknown 1

AGE about 66 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Wm Annin

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Matilda A. Stinn

BIRTHPLACE OF MOTHER (State or county) Penna

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Annin

(Address) 230 Dolphin St

Filed 9/17 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 15 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 1 190 8 to Sept 15 190 8

that I last saw her alive on Sept 15 190 8

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate,)

Gastric Carcinoma,

Haemolysis and exhaustion

(DURATION) DAYS

Contributory (Primary) Gastric

Carcinoma (DURATION) DAYS

(Signed) C. H. Hayward M. D.

Address 1230 N Caroline St

Date Sept 16 190 8

Place of Burial London Park

Date Sept 18th 190 8

Undertaker G. F. Baker

Address 723 Kenyon

Remarks

Dr Hayward.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

C15717 Registered No. C 15717

# CERTIFICATE OF DEATH.

65

(Place of Death.) No. 721 N Fremont ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick S. Heim

Residence, Give Street and Number, 721 N. Fremont ave

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: March 10th 1844

AGE: 64 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: William Heim

BIRTHPLACE OF FATHER (State or county): Eng Land

MAIDEN NAME OF MOTHER: Matilda A. Stine

BIRTHPLACE OF MOTHER (State or county): Penna.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha J. Heim

(Address) 721 N Fremont ave

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 16 1908

that I last saw h-- alive on Sept 16 1908

and that death occurred, on the date stated above, at 5-30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Oedema

12 Hours (DURATION) DAYS

Contributory (Primary) Cerebral Softening

at least 4 mos. (DURATION) DAYS

(Signed) Standish McCleary M. D.

Address 1609 Linden ave

Date Sept 17 1908

Place of Burial Greenmount

Date Sept. 20th 1908

Undertaker G. F. Walker

Address 723 N. Eat. ave

Remarks

Ward 24

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C15718

# CERTIFICATE OF DEATH.

131

(Place of Death.) No. 1106 Haubert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Brauer

Residence, Give Street and Number, 1106 Haubert St

Duration of Residence in Baltimore, always

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Sept 2d 1908

AGE — years, — months, 14 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Franz Brauer

BIRTHPLACE OF FATHER (State or county) Bohemia

MAIDEN NAME OF MOTHER Theresa Sommer

BIRTHPLACE OF MOTHER (State or county) Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franz Brauer

(Address) 1106 Haubert St

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 16th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2d 1908 to Sept 16 1908

that I last saw her alive on Sept 16 1908

and that death occurred, on the date stated above, at 9 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Marasmus (DURATION) 14 DAYS

Contributory (Primary) convulsions (DURATION) 14 DAYS

(Signed) J. Kahn M. D.

Address 1510 E. Fort Ave

Date Sept 16d 1908

Place of Burial Holy Cross R. C. Co.

Date Sept 18th 1908

Undertaker Jos Stumtebeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 3

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15719

# CERTIFICATE OF DEATH. 71

(Place of Death.) No. 402 S Caroline St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Joseph Roach

Residence, Give Street and Number, 402 S Caroline St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: August 29 1907

AGE: ..... years, ..... months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: James M. Roach

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Anna Haber

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M. Roach

(Address) 402 S Caroline St

Filed 9/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 17 1908

that I last saw him alive on Sept 17 1908

and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) 12 hrs DAYS

Contributory (Primary) Indigestion

(DURATION) DAYS

(Signed) Joseph F Valentine M. D.

Address 161 Broadway

Date Sept 17 1908

Place of Burial St Patricks Cem

Date Sept 18 1908

Undertaker John A Moran

Address Bank & Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15720

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15720

Registered No. B

City of Baltimore, (No. 1321 N Lyndin St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Reilly

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 1 (Day) 1899 (Year)

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Newport News Va

FULL NAME OF FATHER: Thos Reilly

BIRTHPLACE OF FATHER (State or country): Reading Pa

MAIDEN NAME OF MOTHER: Bertha Ging

BIRTHPLACE OF MOTHER (State or country): Denver Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Reilly

(Address) 321 Lyndin St

Filed 9/17 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 15 1908

that I last saw h er alive on Sept 15 1908,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 2 DAYS

Contributory Meningitis

(DURATION) ... DAYS

(Signed) H. L. Powers M. D.

Sept 16 1908 (Address) 251 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross Cem. | Sept 18" 1908 |
| UNDERTAKER | ADDRESS |
| Geo M. Fink | 811 N Wolfe |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C15721 Registered No. B C15721

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Myrtle Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Catherine A. Fennell

{Residence, if in Baltimore, Give Street and Number.} 1013 Myrtle Ave

Duration of Residence in Baltimore. 52 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1834

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Ireland, Co. Galway

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Ache

(Address) 1013 Myrtle

Filed 9/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1908 to Sept. 16 1908 that I last saw her alive on Sept. 16 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Contusion and Paralysis

(DURATION) D

Con'tributory (Primary) Accident—caused by a fall. (DURATION) D

(Signed) John G. Stifel M.D. M

Address 901 Myrtle Ave

Date Sept 17 1908

Place of Burial ~~Bonnie Brae~~ Catholic ground

Date 9/19/08 1908

Undertaker Wm J Schilling

Address 91 Rappelyea

WM. J. C. DULANY CO., BALTIMORE.

O.K. Chief

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th

C15722 Registered No. B C15722

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1445 Sunwall court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Markle.

{ Residence, if in Baltimore, Give Street and Number. } 1445 Sunwall court.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 13 1908

AGE: ..... years, ..... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frank Markle

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Dougherty

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Markle. Father

(Address) 1445 Sunwall court

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908

I HEREBY CERTIFY, That I attended deceased from 9/16 1908 to 9/17 1908

that I last saw h[illegible] alive on 9/17 1908,

and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inertia from Birth

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) D. Darlington M.D.

Address 102 E Fort Ave

Date ..... 190...

Place of Burial Cedar Hill cemetery

Date Sept. 18 1908

Undertaker D. Finn McCarthy

Address 39 E. Fort ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15723 Registered No. B C15723

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2528 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Child of August & Sophia Schaffer

{ Residence, if in Baltimore, Give Street and Number. } 2528 Mc Elderry St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 15th 1908

AGE ..... years, ..... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER August L. Schaeffer

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sophia Pfeffer

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August L. Schaefer

(Address) 2528 Mc Elderry

Filed 9/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 15. 1908 to Sept. 17. 1908

that I last saw h ..... alive on " 17 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or immediate)

Premature Birth (nearly 9 months)

(DURATION) 2 days 9 hrs. DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Ed. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Sept. 17. 1908

Place of Burial Balto Cem

Date 9/18/08 1908

Undertaker J. Herwig & Son

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C15724 Registered No. B C15724

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 525 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph W. Purcell

{Residence, if in Baltimore, Give Street and Number.} 525 S. Sharp st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 27 1907

AGE: 1 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edw P. Purcell

BIRTHPLACE OF FATHER (State or couutry): Penn.

MAIDEN NAME OF MOTHER: Nora E. Sommer

BIRTHPLACE OF MOTHER (State or country): Penn,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. P. Purcell

(Address) 525 S. Sharp st

Filed 9/18 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 17 1908 that I last saw him alive on Sept 17 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus due to Mal-nutrition

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light st

Date Sept 17 1908

Place of Burial Cathedral Cemetery

Date Sept 18 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C15725 Registered No. B C15725

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. * 622 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A Lee

{ Residence, if in Baltimore, Give Street and Number. } 622 George

Duration of Residence in Baltimore. 80 Years? Life?

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Black |

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ivelt

(Address) 651 Mulberry St

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-18- 1908

I HEREBY CERTIFY, That I attended deceased from 9-10- 1908 to 9-17- 1908

that I last saw h[illegible] alive on 9-17- 1908

and that death occurred, on the date stated above, at 12 15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Chronic

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin

Date 9. 18. 1908

Place of Burial Mt Auburn Cem

Date Sept 19th 1908

Undertaker Alex Hannaby

Address 57 & Ir. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15726 C15726

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1005 N. Lafayette Ave St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Capt. Timothy A. Hooper.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 25 1840 (Month) (Day) (Year)

AGE: 68 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. J. Hooper

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md.

MAIDEN NAME OF MOTHER: Eliza J Hooper

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Agent Humbird Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Retta J Hooper (Wife)

(Address) 1005 N Lafayette

Filed 9/18 1908 HARRY C. ANDREWS, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1908 to Sept. 15 1908

that I last saw him alive on Sept 15 1908,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 30 DAYS

Contributory —

(DURATION) DAYS

(Signed) E. Miller Reed M. D.

Sept. 16 1908 (Address) 944 N Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: LOUDON PARK

DATE OF BURIAL: SEP 18 1908

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15727 Registered No. B C15727

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Emma~~ Mary Zimmerer

{Residence, if in Baltimore, Give Street and Number.} 712 N. Caroline St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Feb. 28 1884 |
| AGE | 24 years, 6 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. City |
| FULL NAME OF FATHER | George Zimmerer |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Mary Hunkelman |
| BIRTHPLACE OF MOTHER (State or country) | Md. City |
| OCCUPATION OF DECEASED | Seamstress |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Zimmerer

(Address) 712 N. Caroline St.

Filed 9/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1908 to Sept. 17 1908 that I last saw h er alive on Sept. 17 1908, and that death occurred, on the date stated above, at 9.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Dysentria.

(DURATION) DAYS

Con'tributory (Primary) Typhoid fever.

(DURATION) DAYS

(Signed) Wm. Schmith M.D.

Address City Hospital.

Date Sept. 17 1908.

Place of Burial Holy Redeemer Cemetery

Date Sept. 19 1908

Undertaker Henry Hocks Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

Registered No. B C15728

C15728

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 Lamont St Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Smith

{Residence, if in Baltimore, Give Street and Number.} 1700 Lamont ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 6 1908

AGE: — years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Frank H. Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Daisy G. Martin

BIRTHPLACE OF MOTHER (State or country): Illinois

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank H. Smith

(Address) 1700 Lamont Ave

Filed 9/18 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to Sept 17, 1908

that I last saw her alive on Sept 17, 1908,

and that death occurred, on the date stated above, at 11:30

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, from which the had suffered at intervals since June 20, 1908

(DURATION) DAYS

Contributory (Primary.) Meningitis

(Tubercular) (DURATION) DAYS

(Signed) R. Ru. Colwell, M.D.

Address 1741 Harford ave

Date Sept 17, 1908

Place of Burial St. Mary's-Homeland

Date September 19 1908

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C15729

Registered No. B C15729

# CERTIFICATE OF DEATH.

18

(Place of Death.) No. 111 N Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ida B. Seibell

{Residence, if in Baltimore, Give Street and Number.} 111 N Gilmore St

Duration of Residence in Baltimore. 8 M

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH June 14th 1855

AGE 53 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank M Brookins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rebecca A Hutton

BIRTHPLACE OF MOTHER (State or country) Md,

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L Talbert

(Address) Washington D C,

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Sept 15th 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis

(DURATION) 6 Mos DAYS

Contributory (Primary.) Asthma

(DURATION) 3 Mos DAYS

(Signed) Egbert A Montanye M.D.

Address 1351 Linden Ave

Date Sept 16th 1908

Place of Burial London Park

Date Sept 18 1908

Undertaker W J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

# CERTIFICATE OF DEATH.

Registered No. B 015730

City of Baltimore, (No. 21 E. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cora Wilmore

### PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH — — 1886.
(Month) (Day) (Year)

AGE 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Easton Md.

FULL NAME OF FATHER John Wilmore

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Wallcott

(Address) 210 E. Lee St

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Sept 17 1908 that I last saw h alive on Sept 16 1908, and that death occurred, on the date stated above, at 8 a. M. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) — DAYS

Contributory Cardiac Dilatation

(DURATION) — DAYS

(Signed) G. L. Smith, M. D.

Sept 17 1908 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Sept 18 1908

UNDERTAKER M. Day & Son | ADDRESS 17 Eden St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

17

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15731

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B C15731

City of Baltimore, (No. 912 Elm Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Butler.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): St. Marys Co Md

FULL NAME OF FATHER: Thomas Butler

BIRTHPLACE OF FATHER (State or country): St. Marys Co Md

MAIDEN NAME OF MOTHER: Laura Bond

BIRTHPLACE OF MOTHER (State or country): St. Marys Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Butler

(Address) 912 Elm Place

Filed 9/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 17 1908

that I last saw him alive on Sept 17 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Tuberculosis (DURATION) ..... DAYS

(Signed) M. F. Voegtlen M.D.

Sept 17 1908 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Peters Cemetery | Sept. 19 1908 |
| UNDERTAKER | ADDRESS |
| Felix B. Pyle. | 102 E. Mulberry St |

WM. J. C. DULANY CO., BALTIMORE.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

# CERTIFICATE OF DEATH.

Registered No. B C15732

City of Baltimore, (No. Cor. Chase St & Forest Pk. St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary O. Augusta

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX: Female / COLOR: Colored | DATE OF DEATH: Sept (Month) 17 (Day) 1908 (Year) |
| DATE OF BIRTH: 1825 (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 17 1908 |
| AGE: 83 years, months, days | that I last saw her alive on Sept 17 1908, |
| ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ | and that death occurred, on the date stated above, at 4 45 P M. The CAUSE OF DEATH was as follows: |
| BIRTHPLACE (State or country): American | Carcinoma of Breast |
| FULL NAME OF FATHER: Dont Know | (DURATION) One year ~~DAYS~~ |
| BIRTHPLACE OF FATHER (State or country): Dont Know | Contributory Apoplexy |
| MAIDEN NAME OF MOTHER: Dont Know | (DURATION) ~~One~~ DAYS |
| BIRTHPLACE OF MOTHER (State or country): Dont Know | (Signed) James McKenzon M. D. |
| OCCUPATION OF DECEASED: Domestic | Sept 17 1908 (Address) 700 E Clare St. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) Sr. M. James (Address) Oblate Sisters Provid | SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence ..... How long at Place of Death? ..... Days. Where was disease contracted, if not at place of death? ..... |
| Filed 9/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar | PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery; DATE OF BURIAL: Sept 21 1908; UNDERTAKER: Felix B. Tyl.; ADDRESS: 102 E. Mulberry St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — C15733 — Registered No. B C15733

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 113 Parkin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Wichmann

{Residence, if in Baltimore, Give Street and Number.} 113 Parkin St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: Aug 30 — 1832

AGE: 76 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Lands Mass

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fritz Angermeier

(Address) 113 Parkin St

Filed 9/18 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 15 1908 that I last saw h— alive on Sept 14 1908, and that death occurred, on the date stated above, at 1 — M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Schmidt M.D.

Address 51 7th ward

Date Sept 17 1908

Place of Burial St Paul Cemetery

Date Sept 18th 1908

Undertaker Geo Leinbach & Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 & 9 — C15734 — Registered No. B C15734

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonina Januszewski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 16 1908

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Andr Januszewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Antonina Wienzkowski

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonina Januszewski

(Address) 1706 Aliceanna st

Filed 9/18 1908 MARY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 18 1908

I HEREBY CERTIFY, That I attended deceased from September 17 1908 to September 17 1908 that I last saw h[er] alive on September 17 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Indigestion (DURATION) 8 DAYS

Contributory (Primary.)

Vomiting (DURATION) 1 DAYS

(Signed) S/ Szymalski M.D.

Address 1713 Bank st

Date September 18 1908

Place of Burial St Stanislaus.

Date Saturday Sept 19th 1908

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15735 Registered No. B C15735

15-5

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Manuran.

{Residence, if in Baltimore, Give Street and Number.} 1709 N. Mount.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Sept 3 1890

AGE: 18 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John Kearney.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Hannaghton

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Manman.

(Address) 1111 E Eager St.

Filed 9/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide from taking Strychnine

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Hubert C Blake M.D.

Address 1014 N La Fayette ave

Date Sept. 17. Coroner 1908

Place of Burial Loudon Park

Date Sept 20 1908

Undertaker E C Wiedefeld Jr

Address 2113 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 15736

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Geo. J. Short

Residence, Give Street and Number, 553 Lambert St

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B.

DATE OF BIRTH ..... 1

AGE 55 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Bolton Supt

(Address) BAY VIEW ASYLUM.

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Sept 17 1908

that I last saw h— alive on Sept 17 1908

and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) — DAYS

(Signed) H. T. Kahn M. D.

Address Bay View Hospital

Date Sept 17 1908

Place of Burial St Peters Cem

Date Sept 19 1908

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.** C15737

Ward..... C15737 Registered No. C.....

# CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name David O'Keefe O'Keefe

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | M |
| COLOR | W |
| DATE OF BIRTH | — |
| AGE | 82 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | M. |
| BIRTHPLACE (State or county) | Ind. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or county) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or county) | — |
| OCCUPATION OF DECEASED | Lab— |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly BAY VIEW ASYLUM.

(Address).....

Filed 9/18 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 16 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 16 1908 that I last saw him alive on Sept 16 1908 and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

Edema

.....(DURATION)..... DAYS

Contributory (Primary) Chronic Nephritis.

.....(DURATION)..... DAYS

(Signed) H H Eskew M. D.

Address Bay View Hospital

Date Sept 16 1908

Place of Burial St Patrick's Cem.

Date Sept 18 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 15738

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Chapman

Residence, Give Street and Number, 1125 Ridgely St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/18 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 17 1908

that I last saw him alive on Sept 17 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) R. H. Eaton M. D.

Address Bay View Hospital

Date Sept 17 1908

Place of Burial Holy Cross Add'n

Date Sept 19 1908

Undertaker John S. Fields

Address 220 N. Amity St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 1

HEALTH DEPARTMENT, City of Baltimore.

C15739

Registered No. C 15739

81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 804 N. Washington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas C. Spencer

Residence, Give Street and Number, 804 N. Washington St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 10th 1861

AGE: 47 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Richard Spencer

BIRTHPLACE OF FATHER (State or county): Ireland.

MAIDEN NAME OF MOTHER: Margaret Powers

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Spencer

(Address) 804 N Washington St

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 17th 1908

I HEREBY CERTIFY, That I attended deceased from about 1st Sept 1908 to to 17th Sept 1908

that I last saw h am alive on Sept 16th 1908

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Syncope (- possibly influenced by exhaustion from rupture of the aneurism -)

(DURATION) DAYS

Contributory (Primary) Aneurism, Abdominal Aorta & Celiac Axis (DURATION) over 365 DAYS

(Signed) Lus B Reynolds M. D.

Address 809 N. Charles St

Date Sept 17th 1908

Place of Burial Holy Cross. Cem

Date Sept 21 st 1908

Undertaker Geo M. Fenick

Address 811 N Wolfe st

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15740

# CERTIFICATE OF DEATH.

175

(Place of Death.) No. 1341 Pennsylvania Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary W Heyrock

Residence, Give Street and Number, 1341 Pennsylvania Ave.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH March 10 1855

AGE 53 years, 6 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Christopher Schepeler

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Bridget McDonnell

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F W Heyrock

(Address) 1341 Penna Ave.

Filed 9/18 1908

HARRY C. ANDREWS Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 16 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 16 1908 that I last saw her alive on Sept 16 1908 and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate,)

Ptomaine poisoning

(From eating Chicken and Ice Cream ad.D)

Contributory (Primary) Apoplexy (DURATION) DAYS

Sudden (DURATION) DAYS

(Signed) D L Davis M. D.

Address 940 N Fulton

Date Sept 18 1908

Place of Burial Loudon Park Cemetery

Date Sept 19th 1908

Undertaker Chas F. Coates

Address 119 N Mt. Royal Ave

Remarks

ok
J

Ward 10 C15741 Registered No. B C15741

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Smith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Holley

{Residence, if in Baltimore, Give Street and Number.} 1409 Smith St

Duration of Residence in Baltimore. Twenty-four Yrs

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH Unknown 1

AGE about 35-7 Yrs
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hanson

(Address) 1409 Smith St.

Filed 9/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th 1908

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

two months (DURATION) DAYS

Contributory (Primary.) Organic

disease of Heart (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 709 Lex. Av. (Corner)

Date Sept. 16th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 18 1908 190

Commissioner Health.

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1897

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C15742 C15742

Registered No. B C15392

# CERTIFICATE OF DEATH.

Place of Death.) No. 234 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis A. Baker

{Residence, if in Baltimore, Give Street and Number.} 234 Park ave

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 7 1839

AGE: 69 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: George Baker

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Deffendahl.

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Coach trimmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary D. Baker

(Address) 234 Park ave

Filed 9/18 1905 BARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1905

I HEREBY CERTIFY, That I attended deceased from Sept 16 1905 to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick J. Carter M.D.

Address 1500 Eutaw

Date Sept 18 1905

Place of Burial Loudon Park Cemetery

Date Sept 19 1905

Undertaker F. A. Kramer & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

187

Ward 17 Registered No. B 69910

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3004 St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A. Kerns.

{Residence, if in Baltimore, Give Street and Number.} 3004 St. Paul St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Hugh Kerns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Isabella McGehran

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. B. Turner

(Address) 3004 St. Paul St.

Filed Sept 19 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7th 1908 to Sept 18th 1908

that I last saw h[illegible] alive on Sept 18th 1908,

and that death occured, on the date stated above, at 12 noon

M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever with Hemorrhage (Intestinal)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffersin Buck M.D.

Address 2544 St. Paul

Date Sept 19th 1908

Place of Burial Cathedral Cemetery

Date Sept 19 1908

Undertaker Henry W. Means

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15744

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ellen Butler Martin

{Residence, if in Baltimore, Give Street and Number.} 1043 Argyle Ave

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col.

DATE OF BIRTH Sept 13th 1908

AGE — years, — mont's, 4 days (4)

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Martin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta J. Butler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ~~Porter~~ none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta J. Martin

(Address) 1043 Argyle ave

Filed Sept 19 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17th 1908

I HEREBY CERTIFY, That I attended deceased from 9-13- 1908 to 9-17- 1908 that I last saw her alive on 9-17- 1908, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(6 mo. in utero)

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) J. B. Hughes M.D.

Address 1413 Druid Hill ave

Date Sept 18 1908

Place of Burial Laurel

Date Sept. 19 — 1908

Undertaker Robt A Elliott

Address 506 Regina Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C15745

C15745

# CERTIFICATE OF DEATH.

96

(Place of Death.) No. 2027 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Streb

{ Residence, if in Baltimore, Give Street and Number. } 2027 E. Lombard

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 7 1904

AGE 4 years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joseph Streb

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Genevive Kelly

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Streb

(Address) 2027 E. Lombard

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1908 to Sept. 17 1908 that I last saw h[illegible] alive on Sept. 17 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Extreme emaciation

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Abscess and Gangrene of Lung (DURATION) 41 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date Sept. 19 1908

Place of Burial Holy Redeemer

Date Sept. 21 19 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C15746 Registered No. B

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 803 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Willis.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: Mulatto |
| DATE OF BIRTH: Nov. 28 1907 | |
| AGE: ..... years, 9 months, 20 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child | |
| BIRTHPLACE (State or country): Balto. | |
| FULL NAME OF FATHER: James E. Willis | |
| BIRTHPLACE OF FATHER (State or country): Balto. | |
| MAIDEN NAME OF MOTHER: Eva Willis | |
| BIRTHPLACE OF MOTHER (State or country): D.C. Washington | |
| OCCUPATION OF DECEASED: | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Willis

(Address) 803 Bradley

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17. 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 17 1908 that I last saw him alive on Sept 16 1908, and that death occurred, on the date stated above, at 9.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) two DAYS

Contributory (Primary.) Pneumonia

Abort (DURATION) 10 DAYS

(Signed) M. F. Voeplein M.D.

Address 1028 Valley St

Date Sept 17. 1908

Place of Burial Mt Auburn ✓

Date Sept tue 19 1908

Undertaker Myers Funk and

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15747 Registered No. B C15747

# CERTIFICATE OF DEATH.

81

(Place of Death.) No. 744 Brady St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Garrison

{Residence, if in Baltimore, Give Street and Number.} 744 Brady St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1844

AGE: 64 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Tantar

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca McKim

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Tantar

(Address) 744 Brady St

Filed

190 HARRY C. ARDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1908 to Sept. 16 1908 that I last saw h[illegible] alive on Sept. 16 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) ..... DAYS

Con'ributory (Primary.) Arteriosclerosis

(DURATION) ..... DAYS

(Signed) Jno. G. Stifel M.D. M.D.

Address 708 George St -

Date Sept. 17. 1908

Place of Burial Mt Auburn

Date Sept 19 - 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15748 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles L. Rockhold

{Residence, if in Baltimore, Give Street and Number.} 1506 Orleans st

Duration of Residence in Baltimore. 63 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 16th 1830

AGE: 78 years, 3 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Anna Arundel Co Md

FULL NAME OF FATHER: Thomas C. Rockhold

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Gourny

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired Car Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H C Rockhold Jr

(Address) 1506 Orleans st

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18. 1908

I HEREBY CERTIFY, That I attended deceased from 1905 to Sept 18. 1908 that I last saw h[im] alive on " 17 1908, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 2 DAYS

Contributory (Primary) Mitral insufficiency

(DURATION) 3 yrs

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date Sept. 18. 1908

Place of Burial Baltimore Cemetery

Date September 21st 1908

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C15749 Registered No. B C15749

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 Division St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Divine

{ Residence, if in Baltimore, Give Street and Number. } 2216 Divine St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col

DATE OF BIRTH Feb 15 1900

AGE 8 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sgl

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Geo Divine

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Phillie Roby

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Divine

(Address) 2216 Division St

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 18 1908 that I last saw him alive on Sept 18 1908, and that death occurred, on the date stated above, at 7 30-P M. CAUSE OF DEATH (Secondary or Immediate)

1 Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Houck M.D.

Address 1927 W. North Ave

Date Sept 18 1908

Place of Burial Mt Auburn

Date Sept 19th 1908

Undertaker Clarence E. Wright

Address 1364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15750 Registered No. B C15750

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hosp'l. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Katy Adams

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 18 1906

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Chas Edw Adams

BIRTHPLACE OF FATHER (State or country): Seaford Del.

MAIDEN NAME OF MOTHER: Ruth Jackson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adams

(Address) 2025 Booth St

Filed 9/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 18th 1908 that I last saw her alive on Sept 17th 1908, and that death occurred, on the date stated above, at 5:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 17 DAYS

(Signed) G. T. Buxton M.D.

Address 222 E 6th St

Date Sept 18 - 1908

Place of Burial St Vincent

Date Sept 19" 1908

Undertaker N S Fink

Address 2118 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15751 Registered No. B C15751

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 300 S. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob T. Harrington

{Residence, if in Baltimore, Give Street and Number.} 300 S. Vincent St

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 4th 1908

AGE ..... years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Rulf Harrington

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Brown

BIRTHPLACE OF MOTHER (State or country) Balt Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rulf Harrington

(Address) 300 S Vincent St

Filed 9/19 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1908 to Sept 18th 1908 that I last saw h[illegible] alive on Sept 18th 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E. a. Knott M.D.

Address 1727 W. Lombard st.

Date Sept 19th 1908

Place of Burial St Peter

Date Sept 19 1908

Undertaker H. S. Frank

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15752

City of Baltimore, (No. 1610 W. Pratt St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Margreth Kuemmert Kuemmert

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: October 15th (Month) (Day) 1819 (Year) | |
| AGE: 89 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow | |
| BIRTHPLACE (State or country): Germany | |
| FULL NAME OF FATHER: dont Know | |
| BIRTHPLACE OF FATHER (State or country): Germany | |
| MAIDEN NAME OF MOTHER: Margreth Falar | |
| BIRTHPLACE OF MOTHER (State or country): Germany | |
| OCCUPATION OF DECEASED: House Work | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Jacobi

(Address) 1610 W. Pratt st

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18. 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28. 1908 to Sept. 18. 1908 that I last saw h alive on Sept. 17 1908. and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 22 DAYS

Contributory Collapse.

(DURATION) 1 DAYS

(Signed) A. R. Wilson M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | Sept 20 1908 |
| UNDERTAKER: J Knell & Son | ADDRESS: 807 Columbia |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause* and date of death.

Ward 7th C15753 Registered No. BC15753

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 E. Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Schley

{ Residence, if in Baltimore, Give Street and Number. } 1017 E. Fort ave

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 8th 1908

AGE ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stephen Schley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Short

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Schley

(Address) 1017 E. Fort ave.

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1908 to Sept 18th 1908 that I last saw h-r alive on Sept 17th 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spasms

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) 8 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date Sept 18th 1908

Place of Burial Loudon Park

Date Sept 20th 1908

Undertaker Jos. Stuntebeck

Address 318 Light str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15754 Registered No. B C15754

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Barry

{Residence, if in Baltimore, Give Street and Number.} 1334 N. Carolina St

Duration of Residence in Baltimore. 60 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ✓ ✓ 1838

AGE ~~70~~ 75 years, ..... months, ..... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Bannon

(Address) 1334 N. Carolina

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Jos J Carruthers M.D.

Address Coroners Office

Date Sept 18 1908

Place of Burial Cathedral Cemetery

Date Sept 21 1908

Undertaker Chas F. Evans

Address 118 N. Nth Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C15755 Registered No. B C15755

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. E. Rebstock

{Residence, if in Baltimore, Give Street and Number.} 105 N. Port St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 16th 1908

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter Rebstock

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lillie Lambdin

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Rebstock

(Address) 105 N. Port St

Filed 9/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1908 to Sept 17 1908 that I last saw h[illegible] alive on Sept 14 1908, and that death occurred, on the date stated above, at 12:35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [signature] M.D.

Address [illegible] Broadway

Date Sept 18, 1908

Place of Burial Mt. Carmel Cem

Date 9/20/08 190

Undertaker J. Herwig & Son

Address 900 S. Ellwood St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C15756 — Registered No. C

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2108 E Biddle St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bodine

Residence, Give Street and Number, 2108 E Biddle St

Duration of Residence in Baltimore, 55 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Dec 24 1840

AGE: 67 years, 8 months, 24 days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Bodine

(Address) 2108 E Biddle St

Filed 9/14 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 18th 1908 to Sept 13th 1908

that I last saw her alive on " 17th 1908

and that death occurred, on the date stated above, at 1:45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

1 Uraemia + Exhaustion

(DURATION) 6 DAYS

Contributory (Primary) Nephritis + Valvular Heart Disease (DURATION) 2 Years

(Signed) Albert L. Dingerdy M. D.

Address 1503 E North Ave.

Date September 13th 1908

Place of Burial Baltimore Cemet

Date September 1908

Undertaker Robt J. Turner.

Address 1442 N Broadway

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C15757 Registered No. B

127

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2533 Madison ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie Johnson

{Residence, if in Baltimore, Give Street and Number.} 2533 Madison ave.

Duration of Residence in Baltimore. all life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Dec. 31 1886

AGE 21 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Benjamin R Johnson.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Miller

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj R Johnson (Father)

(Address) 2533 Madison Ave

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

OK A.D.S.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1908 to Sept. 17 1908

that I last saw h.. alive on Sept. 17 1908,

and that death occurred, on the date stated above, at 12-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

7 or 8 (DURATION) DAYS

Contributory (Primary.) Probably an old endometritis.

2 days (DURATION) DAYS

(Signed) J. F. Schmuck M.D.

Address 2226 Madison ave.

Date Sept. 17, 1908.

Place of Burial London Park

Date Sept. 19 1908

Undertaker E Hoark

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — C15758 — Registered No. B C15758

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2221 McHenry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Schmidt

{Residence, if in Baltimore, Give Street and Number.} 2221 McHenry.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: August 29th 1866 | |
| AGE: 42 years, — months, 19 days | |
| SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED: Single | |
| BIRTHPLACE (State or country): Baltimore Md | |
| FULL NAME OF FATHER: John H. E. Schmidt | |
| BIRTHPLACE OF FATHER (State or country): Germany | |
| MAIDEN NAME OF MOTHER: Cleopha Miller | |
| BIRTHPLACE OF MOTHER (State or country): Germany | |
| OCCUPATION OF DECEASED: ——— | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Fred Schmidt

(Address) 2221 McHenry St

Filed 9/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Aug 17" 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Sept 17" 1908

that I last saw h— alive on Sept 17" 1908

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Years (DURATION) DAYS

Contributory (Primary) Exhaustion &

Hemorrhage (DURATION) 1 DAYS

(Signed) Thomas J Talbott M.D.

Address 1701 E Fairmount Ave

Date Sept 19" 1908

Place of Burial London Park Cemetery

Date September 20th 1908

Undertaker F. B. Wupperfeld

Address 1 Frederick Av. Edtd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15759 Registered No. B C15755

# CERTIFICATE OF DEATH.

97

(Place of Death.) No. 323 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Anderson

{Residence, if in Baltimore, Give Street and Number.} 323 N. Bruce

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Herbert Anderson.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Bertha Jackson.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Anderson.

(Address) 323 N. Bruce per Mrs.

Filed 9/19 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18. 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. LaFayette

Date Sept 18. Coroner 1908

Place of Burial Mt Auburn Cemetery

Date September 19th 1908

Undertaker Geby & Pue.

Address 128 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15760 Registered No. B .....

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 N. Woolf St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Tennis

{ Residence, if in Baltimore, Give Street and Number. } 1004 N. Woolf St

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 55 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Thomas W. Reed

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary Mackey

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Tennis

(Address) 1004 N. Woolf

Filed 9/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to Sept 17 1908 that I last saw her alive on Sept 17 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Ter~~ Uraemia

(DURATION) 14 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis

(DURATION) ? DAYS

(Signed) George F Taylor M.D.

Address 1254 N. Broadway

Date Sept 18th 1908

Place of Burial Loudon Park

Date Sept 21st 1908

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15761 Registered No. B 98

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Belle Hopper

{Residence, if in Baltimore, Give Street and Number.} 2000 Wilkens Av

Duration of Residence in Baltimore. 15 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH April 23rd 1881

AGE 27 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Silas H. Pomeroy

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Martha A. Lehew

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Hopper Jr

(Address) 2000 Wilkens ave

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept 18 1908 that I last saw her alive on Sept 18 1908, and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Purulent Oedema - Glottis (DURATION) 2 DAYS

Contributory (Primary.) Exhaustion & debilitation - (DURATION) 3 weeks

(Signed) P Bibilson Jr M.D.

Address 2015 Wilkens Ave

Date Sept 18 1908

Place of Burial Loudon Park

Date September 20 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C15762 Registered No. B C15762

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 E Lanvale r St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James E. Baird

{Residence, if in Baltimore, Give Street and Number.} 1808 E. Lanvale st

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | February 29 1844 |
| AGE | 64 years, 6 months, 17 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Canada |
| FULL NAME OF FATHER | Not known |
| BIRTHPLACE OF FATHER (State or country) | Not known |
| MAIDEN NAME OF MOTHER | Not known |
| BIRTHPLACE OF MOTHER (State or country) | Not known |
| OCCUPATION OF DECEASED | Ice dealer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Baird

(Address) 1808 E. Lanvale

Filed 9/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Sept 17 1908 that I last saw h[illegible] alive on Sept 17 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Contributory (Primary.) Nephritis Interstitial (DURATION) 6 DAYS

(DURATION) 36 DAYS

(Signed) A. T. Davis M.D.

Address 1507 N. Gaylord

Date Sept 18 1908

Place of Burial Baltimore Cemetery

Date Sept 20th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15763 Registered No. B

# CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1004 South Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Tilghman

{Residence, if in Baltimore, Give Street and Number.} 1004 South Eutaw St.

Duration of Residence in Baltimore. 15 mos.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: April 16 1907

AGE: 1 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Solomon J. Tilghman

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary J. Elliot.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Tilghman

(Address) 1004 S. Eutaw St.

Filed 9/19 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 19 1908 that I last saw h[er] alive on Sept 14 1908, and that death occurred, on the date stated above, at 1 [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 17 DAYS

Contributory (Primary.) Heart Trouble

(DURATION) 17 DAYS

(Signed) C. H. Freeman M.D.

Address 712 S. Charles

Date Sept 18 1908

Place of Burial Cambridge, Dorchester Co. Md.

Date Sept. 20 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 526 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Ruth Martin

{ Residence, if in Baltimore, Give Street and Number. } 526 W. Conway St.

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 24 1891

AGE 16 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER James Martin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Ann Patterson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A. Martin

(Address) 526 Conway St

Filed 4/19 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1908 to Sept. 17 1908 that I last saw her alive on Sept. 16 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Apoplexy (DURATION) 3 DAYS

(Signed) S. McLemore M.D.

Address 603 S. Paca St.

Date Sept 18 1908

Place of Burial Loudon Park Cemetery

Date Sept 19 1908

Undertaker Henry W. Meads & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within *eighteen hours after death*, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 15765
105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 608 S. Luzerne St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence V. Hutson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 10th (Day) 1907 (Year)

AGE: 1 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Rich M. Hutson

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Murphy

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rich M Hutson

(Address) 608 S. Luzerne St

Filed 9/19 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 18th 1908 that I last saw h[er] alive on Sept 17 1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Enteritis (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) R. J. Kirk M. D.

Sept 18 1908 (Address) 1610 E Balto St.

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cemetery | DATE OF BURIAL: Sept. 21st 1908

UNDERTAKER: H. Sander Sons | ADDRESS: 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

C15766

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C15766

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

# CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 634 Josephine St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Thompson (James Thompson)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Hill

(Address) 634 Josephine St.

Filed 9/20 1908

HARRY C. ANDREWS, Clerk

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from September 17th 1907 to Sept- 18 1908 that I last saw him alive on Septr 17th 1908, and that death occurred, on the date stated above, at 5- A. M. The CAUSE OF DEATH was as follows:

Asthma (DURATION) 360 DAYS

Contributory Pulmonary Emphysema (DURATION) 5+ DAYS

(Signed) Frank M Gleaves M. D.

Sept- 1908 (Address) 322 N Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National | DATE OF BURIAL: Sept- 21 1908

UNDERTAKER: R A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C15767 Registered No. B .....

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 612 Caroline St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Wm. J. Chase

{ Residence, if in Baltimore, Give Street and Number. } 612 Caroline St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH July 30 1848

AGE 60 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chase

(Address) 643 George St

Filed 9/20 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 190 8.

I HEREBY CERTIFY, That I attended deceased from Sept 16 190 8 to Sept 17 190 8 that I last saw him alive on Sept 17 190 8 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

Organic Disease of Heart

Incr (DURATION) DA

Contributory (Primary.) Acute Anemia

Grip (DURATION) D

(Signed) T L Norwood M.

Address Bayonne Co.

Date Sept 17 190

Place of Burial Mt Auburn

Date Sept 20 190 8

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 15768

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 503 Jefferson St C. No 1 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emory Staton

{ Residence, if in Baltimore, Give Street and Number. } 503 Jefferson St. C. No 1

Duration of Residence in Baltimore. 10 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/20 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Louis Lamitier M.D.

Address Coroners Office

Date Sept 18 — 08 190 ...

Place of Burial Laurel

Date Sept 20th 190 8

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C15769

# CERTIFICATE OF DEATH.

C15769
151

(Place of Death.) No. 306 22½ Sr. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clara V. Lee

{ Residence, if in Baltimore, Give Street and Number. } Lifi same as above.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | COLOR |
| Female | Black |
| DATE OF BIRTH | Aug 2 1905 |
| AGE | ..... years, ..... months, 6 Weeks days |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | William Cummell |
| BIRTHPLACE OF FATHER (State or country) | Balt Co |
| MAIDEN NAME OF MOTHER | May Lee |
| BIRTHPLACE OF MOTHER (State or country) | Balt Co |
| OCCUPATION OF DECEASED | Iron |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Mamie Lee

(Address) Phenix Md

Filed 9/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary) Malnutrition

Improper feeding (DURATION) ..... DAYS

(Signed) Flenken Lutheran M.D.

Address 1878 N. Chester

Date Sept 18/08 1908

Place of Burial Laurel Cem.

Date Sept 20 1908

Undertaker R A Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case has been under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single, widowed or divorced), **cause and date of death.**

Ward 17 — C15770 — Registered No. B C15770

8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1240 Hull St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Helen B. Smith

{ Residence, if in Baltimore, Give Street and Number. } 1240 Hull

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 7 07 1

AGE ..... years, 16 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm. H. Smith

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Minnie Frome

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Smith

(Address) 1240 Hull st

Filed

9/20 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 " 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 20 " 1908

that I last saw her alive on Sept 19 1908,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Brachial Tumour

(DURATION) DAYS

Contributory (Primary) Phosphorus Poisoning

(DURATION) DAYS

(Signed) C. Rea Baer M.D.

Address 1328 E. Chase

Date Sept 20 1908

Place of Burial Loudon Park

Date Sept 21 190

Undertaker John E. Ensminger & Sons

Address 1428 E Chase St

WM. C. CULANY CO., BALTIMORE.

Funeral Sept. 21st. 11 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C15771. Registered No. B C15771 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 618 Cyder al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Harris

{ Residence, if in Baltimore, Give Street and Number. } 618 Cyder al

Duration of Residence in Baltimore... Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | Colored |

DATE OF BIRTH ... 1 ...

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: James Hack

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margt Johns

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Harris

(Address) 618 Cisteralley

Filed 9/20 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1908 to Sept 18 1908 that I last saw her alive on 11 11 1908, and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

1½ yrs (DURATION) DAYS

Contributory (Primary.) ... (DURATION) DAYS

(Signed) O. L. Nuckols, M.D.

Address 504 S. Paca St

Date Sept 18 1908

Place of Burial Mt Auburn Cemetery

Date Sept 20 1908

Undertaker Wm H Hooper

Address 609 Lilly Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C15772 150a

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 239, Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Murphy

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | wht |
| DATE OF BIRTH | July 29 1908 (Month) (Day) (Year) |
| AGE | 1 years, 1 months, 20 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | X |
| BIRTHPLACE (State or country) | 239 Dolphin St |
| FULL NAME OF FATHER | Jos Murphy |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Burns (Catherine) |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Murphy

(Address) 239 Dolphin

Filed 9/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from some time six months ago 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Possibly Exhaustion

(DURATION) DAYS

Contributory Hydrocephalus since shortly after birth (DURATION) DAYS

(Signed) B B Cathin M. D.

Sept 19 1908 (Address) 1404 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross | Sept 20 1908 |
| UNDERTAKER | ADDRESS |
| A F Phelbin | 1711 Madison |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C15773

Registered No. B.....

City of Baltimore, (No. 305, Jackson St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernardine Heath

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 26 (Month) (Day) 1908 (Year)

AGE: ..... years, 5 months, 22 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William F. Heath

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Cecelia C. Stumer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 305 Jackson St. Homestead.

Filed 9/20 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 18 1908 that I last saw h.. alive on Sept 18 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Marasmus

two months (DURATION) ..... DAYS

Contributory

Enteritis (DURATION) 10 DAYS

(Signed) H. J. Stuckert M. D.

Sept 19 1908 (Address) 811 Garrison av

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Sept. 21 1908

UNDERTAKER: Henry Hoeck & Son

ADDRESS: 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C15774

C15774

# CERTIFICATE OF DEATH.

108

(Place of Death.) 530 W. Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Wood

{Residence, if in Baltimore, Give Street and Number.} 928 Morris St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo. L. Wood

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary E. Howard

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Wood

(Address) 928 Morris St

Filed 9/20 1908.

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1908 to Sept. 19, 1908 that I last saw h[illegible] alive on Sept. 18, 1908 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulated Hernia (DURATION) DAYS

Contributory (Primary.) Malnutrition from artificial food (DURATION) 6 M.

(Signed) Hobbs Teagarden, M.D.

Address 922 Madison Ave

Date Sept 20, 1908

Place of Burial Mt Auburn Cemetery

Date Sept 20 1908

Undertaker John H Toadvine

Address 826 Druid Hill Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH. C 15775 4

(Place of Death.) No. 212 Jackson St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Kidd

Residence, Give Street and Number, 212 Jackson St.

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1

AGE: about 82 years ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Co. Md

FULL NAME OF FATHER: John Linch

BIRTHPLACE OF FATHER (State or couuty): Baltimore Co Md

MAIDEN NAME OF MOTHER: Elizabeth Whiteford

BIRTHPLACE OF MOTHER (State or county): Baltimore Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadrogan

(Address) 696 Mulberry St

Filed 9/20 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 22 1908 to Sept 18 1908

that I last saw h[er] alive on Sept 18 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Old age.

Asthenia

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 1639 Bruns

Date Sept 19 1908

Place of Burial St Mary's Govans

Date Sept 21 1908

Undertaker M Cadrogan

Address 696 N Mulberry St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C15776 Registered No. B C15776

34

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1540 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Burrus

{Residence, if in Baltimore, Give Street and Number.} 1540 Woodyear Ju-

Duration of Residence in Baltimore. 9 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1873

AGE: 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Lombard

(Address) 1540 Woodyear St.

Filed 9/20 1908 HARRY C. ... Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 19 1908 that I last saw her alive on Sept 19 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Asphyxia (DURATION) 1 DAYS

(Signed) T. E. Daugherty M.D.

Address 1442 Pennsylvania Ave

Date Sept 19 1908

Place of Burial Mt Auburn

Date Sept 20 1908

Undertaker Clarence Conyell

Address 1514 Mary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15777 Registered No. B C15777

81

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 Hayvale Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Gustave H. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1425 Hayvale Ave

Duration of Residence in Baltimore. Forty-five yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~Nov~~ 8 Nov 1840

AGE 68 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gottlob Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maria Abersack

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emelia Schmidt

(Address) 1425 ~~Carlton~~ Hayvale

Filed 9/20 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 18 1908

that I last saw him alive on Sept 16 1908

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio Sclerosis

(DURATION) 49 DAYS

Con ributory (Primary.) —

(DURATION) — DAYS

(Signed) C. C. Burke M.D.

Address Town E. Burke

Date Sept 19 1908

Place of Burial Lowdenk Park

Date Sept 20 DA 1908

Undertaker John E. Hough Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C15778

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1101 Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard J. Feehley

{Residence, if in Baltimore, Give Street and Number.} 1101 Canton St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 7th 1868

AGE: 38 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm Feehley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Dockery

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bar Tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Bessie Feehley

(Address) 1101 Canton St

Filed 9/20 1908 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 15 1908 that I last saw h in alive on Sept 15 1908, and that death occurred, on the date stated above, at 4.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage from Stomach

a few minutes (DURATION) DAYS

Con'tributory (Primary.) Chronic Nephritis

Several months (DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 3042 Hudson St

Date Sept 18 1908

Place of Burial St Patricks Cemetery

Date Sept 21st 1908

Undertaker Lilly and Zeiler

Address 403 S Wolfe St.

BERT O. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ...

Ward 1 — C15779 — Registered No. C

# CERTIFICATE OF DEATH.

C15779

120

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Rose

Residence, Give Street and Number, 2417 Orleans St

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: June 1 1867

AGE: 40 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: John Rose

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Ann Farley

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday. BAY VIEW ASYLUM.

(Address)

Filed 9/20 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Sept 19 1908

that I last saw h[er] alive on Sept 19 1908

and that death occurred, on the date stated above, at 4 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsia

(DURATION) — DAYS

Contributory (Primary) Uremia

Coma (DURATION) — DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Sept 19 1908

Place of Burial Holy Cross Cemetery

Date Sept 20 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette av

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 7K

Registered No. C C15780

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Clarkson St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dep. of Wm. H. & Dorothea Bunting.

Residence, Give Street and Number, 1631 Clarkson St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH August 31 1908

AGE — years, — months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Wm. H. Bunting Jr.

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Dorothea Beckett

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothea Bunting (mother)

(Address) 1631 Clarkson St

Filed Sept 20 1908 [illegible] Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 20 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. H. Reinhardt M. D.

Address Coroner

Date Sept 20 1908

Place of Burial Western Cemetery

Date Sept 21 1908

Undertaker Thos. J. Symington & Son

Address 1428 Charles St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 15781

# CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethannie Zinn

Residence, Give Street and Number, Guilford Park Waverley

Duration of Residence in Baltimore, 27 years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH ..... 1

AGE 69 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/21 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Sept 19 1908

that I last saw h alive on Sept 19 1908

and that death occurred, on the date stated above, at 8 30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaust.

(DURATION) — DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) ..... DAYS

(Signed) W W Esher M. D.

Address Bay View Hospital

Date Sept 20 1908

Place of Burial Mt Olivet Cemetery

Date September 22 nd 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 015782

City of Baltimore, (No. 2718 W. North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Le Compte.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. (Month) 19 (Day) 1843 (Year)

AGE: 64 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James L. Le Compte

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emily Dawson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Le Compte

(Address) 2718 W North Ave

Filed 9/21 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 3 1908 to Sept. 19 1908

that I last saw h-im alive on Sept 18 1908,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) DAYS

Contributory Brights Disease

(DURATION) DAYS

(Signed) G. Labrie Ewalt M. D.

Sept. 19 1908 (Address) 703 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: Sept 21 1908

UNDERTAKER: W. J. Tuckwell Jr. | ADDRESS: Camden & Pac

Md

Ward 11 C15.83 Registered No. B C15783

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Aliceann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Steven Szczepaniak

{Residence, if in Baltimore, Give Street and Number.} 1726 Aliceann

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec. 25 1906

AGE: 1 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Adam Szczepaniak

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine Przybleski

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Szczepaniak

(Address) 1726 Aliceann

Filed 9/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1908 to Sept. 19 1908

that I last saw h- alive on - - 190-,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Marasmus

7 or 8 months (DURATION) DAYS

(Signed) J. L. Wimmer M.D.

Address 30 S. Broadway

Date Sept. 19 1908

Place of Burial St. Stanislaus.

Date SEP 21 1908

Undertaker M. F. SADOWSKI,

Address 703 S. ANN ST.,

BALTIMORE, MD

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C15784

Registered No. C

# CERTIFICATE OF DEATH. C15784 19

(Place of Death.) No. 323 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Norris

Residence, Give Street and Number, Same

Duration of Residence in Baltimore, 15 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: May 24 1857

AGE: 51 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Frederick King

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Mary Bowers

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Norris

(Address) 331 Roland Ave

Filed 9/21 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190

and that death occurred, on the date stated above, at 7 ... M. CAUSE OF DEATH (Secondary or Immediate,)

Natural Causes

probably Heart Disease

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Louis Lautenstein M. D.

Address 1824 N. Charles

Date Sept 19 190 8

Place of Burial St. Marys-Hampden

Date September 22 1908

Undertaker Horace Burgee

Address 3631 Falls Road

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C15785 Registered No. C 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Gross

Residence, Give Street and Number, 1100 Whatcoat

Duration of Residence in Baltimore, Six years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: March 26 — 1859

AGE: 49 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Annarandell Co. Md.

FULL NAME OF FATHER: Martin Gross

BIRTHPLACE OF FATHER (State or county): Calvert Co Md.

MAIDEN NAME OF MOTHER: Sarah Travelers

BIRTHPLACE OF MOTHER (State or county): Annarandell Co. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Matilda Gross per George Thomas Cross

(Address) 1100 Whatcoat East St

Filed 9/21 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept — 20 1908

I HEREBY CERTIFY, That I attended deceased from 7/31 1908 to 7/20 1908 that I last saw him alive on 7/19 — 1908 and that death occurred, on the date stated above, at 5-10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exaustion

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Tuberculosis

one yr. (Chronic) (DURATION) DAYS

(Signed) Barnett M. Rhetta M. D.

Address 2139 — Druid Hill ave.

Date Sept 20th 1908

Place of Burial Mt Zion

Date Sept Thu 23 1908

Undertaker JAMES H. DENNIS,

Address 1329 PRESSTMAN ST.

Remarks

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C15786 Registered No. B C15786

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 320 N. Amity St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jacob Ginsberg

{ Residence, if in Baltimore, Give Street and Number. } 320 N. Amity St.

Duration of Residence in Baltimore. life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 7 weeks. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Ginsberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fanny Bleun

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Ginsberg

(Address) 320 N. Amity St

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 21 1908 that I last saw him alive on 19 Sept 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) 6 DAYS

(Signed) H. Plinder M.D.

Address 1119 E. Baltimore St

Date Sept. 21 1908

Place of Burial Hebrew Washington Rd

Date Sept. 21 1908

Undertaker Max Lenmon

Address 1610 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

40

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15787

Registered No. B.....

City of Baltimore, (No. 1416 N Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME William Davis Lee

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: male | COLOR: white |
| DATE OF BIRTH: April (Month) 30th (Day) 1847 (Year) | |
| AGE: 61 years, 4 months, 19 days | |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country): maryland | |
| FULL NAME OF FATHER: Samuel Lee | |
| BIRTHPLACE OF FATHER (State or country): maryland | |
| MAIDEN NAME OF MOTHER: Hester Fields | |
| BIRTHPLACE OF MOTHER (State or country): maryland | |
| OCCUPATION OF DECEASED: Rail road watchman | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lee

(Address) 1416 Gilmor st

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Sept 17 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 8 20 A. M. The CAUSE OF DEATH was as follows:

Exhaustion from Cancer of liver and stomach

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Blanden Thweatt M. D.

Sept 18 1908 (Address) 165 S Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: WESTERN — DATE OF BURIAL: SEP 21 1908

UNDERTAKER: Armstrong Denny Co. — ADDRESS: 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

# CERTIFICATE OF DEATH.

Registered No. B 015788

City of Baltimore, (No. 1612 N Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sofolia Novotny

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | June 27 1892 (Month) (Day) (Year) |
| AGE | 16 years, 2 months, 24 days |
| ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | not known |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | ~~Sofia~~ not known |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L. Quint

(Address) 1612 N. Mount St.

Filed 9/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1908 to Sept 20 1908

that I last saw h alive on Sept 19 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:—

Chronic Nephritis

Same (DURATION) DAYS

Contributory Uraemia

(DURATION) 6 DAYS

(Signed) Frances A. Carpenter M. D.

Sept 20 1908 (Address) Madison Ave & Bloom

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| LOUDON PARK | SEP 22 1908 |
| UNDERTAKER | ADDRESS |
| Armstrong Denny Co., | 715 Light Street. |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15789

Registered No. B.....

City of Baltimore, (No. 3033, Remington Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Buell Buell

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John H. Bull

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Margaret Wisner

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Buell

(Address) 3033 Remington Ave

Filed 9/21 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Sept 19 1908, that I last saw h er alive on Sept 18 1908, and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) 15 months

Contributory .....

(DURATION) ..... DAYS

(Signed) O. C. Kelley M. D.

Sept 20 1908 (Address) 3849 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Forest Balto Co | DATE OF BURIAL: Sept 22 1908

UNDERTAKER: E L Stiffler et al | ADDRESS: Parkton Md

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B C15790

City of Baltimore, (No. 1822 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Effa Gertrude Piquett

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mch 31 1879 (Month) (Day) (Year)

AGE: 29 years, 5 months, 18 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edward J Pickett

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Amanda Shipley

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amanda Piquett

(Address) 1822 Division St

Filed 9/21 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 18th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 18 1908 that I last saw her alive on Sept 18 1908, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Maynard Willis M. D.

9-19 1908 (Address) 810 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Sept 21 1908

UNDERTAKER: Jo B. Cook | ADDRESS: 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81

# CERTIFICATE OF DEATH.

C15791

Registered No. B.....

City of Baltimore, (No. 803 N. Fremont Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. H. Kiersted

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 28 (Month) (Day) 1836 (Year)

AGE: 72 years, 6 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Mathews Co. Va.

FULL NAME OF FATHER: Luke Kiersted

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Catherine S. Myers

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Marie M. Kiersted

(Address) 803 N. Fremont Ave

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 19 (Month) (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to Sept. 18 1908

that I last saw h~~is~~ alive on Sept 18 1908,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory Arteria Sclerosis

ta Previous apoplexy (DURATION) 2 Yrs. ~~DAYS~~

(Signed) Wm Baetzhin M. D.

Sept. 19 1908 (Address) 700 N. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park. | Sept 22 1908 |
| UNDERTAKER | ADDRESS |
| Jos B Cook | 1103 N Balto St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C15792 116

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1925 Riggs ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Francis Kernan

{Residence, if in Baltimore, Give Street and Number.} 1925 Riggs ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 14th 1900

AGE: 8 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ●

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Francis J. N. Kernan

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Agnes L. Durner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis J. N. Kernan

(Address) 1925 Riggs ave

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19. 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1908 to Sept. 18 1908 that I last saw h[illegible] alive on Sept. 18 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

* (DURATION) DAYS

Contributory (Primary.) Peritonitis.

(DURATION) six DAYS

(Signed) William T. Seabury M.D.

Address 1523 Jackson St.

Date Sept. 19 1908

Place of Burial Cathedral ~~Bonnie Brae~~ Cemetery

Date Sept. 21st 1908

Undertaker James Dignan & Sons

Address 759 N. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

* Over

OK 3

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C15793 Registered No. B C15793

176

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Vine st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamine Green

{ Residence, if in Baltimore, Give Street and Number. } 1523 Vine st.

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | male |
| COLOR | Black. |
| DATE OF BIRTH | 1 |
| AGE | 52 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Henry Green |
| BIRTHPLACE OF FATHER (State or country) | Md |
| MAIDEN NAME OF MOTHER | Dent Nevow |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Labor |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Green

(Address) 302 Bruce St

Filed 9/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 17. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Haemorrhage from stab wound which severed both Femoral artery and vein. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 W Lafayette

Date Sept 19. Coroner 1908

Place of Burial Mt Zion Cemetery

Date Sept 21 1908

Undertaker R St Gilliatt

Address 506 Royer Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6/15794 91

# CERTIFICATE OF DEATH.

(Place of Death.) No. 313 Presidents St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian Roth

{Residence, if in Baltimore, Give Street and Number.} 313 President St.

Duration of Residence in Baltimore. 55 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 27 1828

AGE 80 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Nicholas Roth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Ruppert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Roth

(Address) 313 President St.

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1908 to Sept 18 1908 that I last saw h[illegible] alive on Sept 5th 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis — Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. L. Britton M.D.

Address 1711 E Balt St

Date Sept 19th 1908

Place of Burial St. Pauls Cemetery

Date Sept 21st 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C15795 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ Nursery & Child's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, Give Its Name instead of Street and Number)

Full Name Lizzie Mink

{Residence, if in Baltimore, Give Street and Number.} Franklin & Schroeder

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 30 1908

AGE ..... years, ..... mont's 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER — Unknown

BIRTHPLACE OF FATHER (State or country) — Unknown

MAIDEN NAME OF MOTHER Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/21 190 8

HARRY G. [illegible] Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1908 to Sept. 17, 1908 that I last saw h[illegible] alive on Sept. 15 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Acute Gastritis

(DURATION) 10 DAYS

(Signed) G. L. Buxton M.D.

Address 222 E Cross St

Date Sept. 17, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 19 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

18

Ward ..... Registered No. ....

C 15796 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Brockenschmidt (baby)

{ Residence, if in Baltimore, Give Street and Number. } 1803 Orleans st.

Duration of Residence in Baltimore. ....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Sept. 18, 1908

AGE: 0 years, 0 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Henry Brockenschmidt

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Catharine Lantz.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. T. Smith, Jr.

(Address) Johns Hopkins Hosp.

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 20, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1908 to Sept. 20, 1908 that I last saw h.. alive on Sept. 20, 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Sept 21, 1908

Place of Burial Holy Redeemer

Date Sept. 21 1908

Undertaker Jas. Hess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward ..... C15797 Registered No. C C15797

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Shepherd. Shattuck

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) S. C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Bay View Asylum.

(Address) .....

Filed 9/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to Sept 20 1908

that I last saw h alive on Sept 20 1908

and that death occurred, on the date stated above, at 4 10 M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary) Phthisis

..... (DURATION) — DAYS

(Signed) W T Eaker M. D.

Address Bay View Hosp.,

Date Sept 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 21 1908 1908

Undertaker G. L. Hurley

Address 931 N. Monroe St

Remarks .....

FOR ANATOMICAL PURPOSES

188

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 15798 C15758

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Norton

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 65 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Va —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/21 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept 18 1908 to Sept 19 1908 that I last saw him alive on Sept 19 1908 and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Epidemic Pneumonia

..... (DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Sept 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 21 1908 190

Undertaker G. L. Hurley

Address 931 N. Market St

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

189

Ward 7 C15799 Registered No. B C15799

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 314 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis M. Miller

{Residence, if in Baltimore, Give Street and Number.} # 314 S. Bond St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 1 years, 7 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John H. Miller

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Laura Browning

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Browning

(Address) 324 S. Caroline St.

Filed 9/21 1908 HARRY C[illegible] REGISTRAR. PERMIT C[illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20th, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 18 1908 to Sept. 20 1908 that I last saw h[illegible] alive on Sept 18 1908, and that death occurred, on the date stated above, at 11½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 36 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anne St

Date Sept. 21 1908

Place of Burial Cedar Hill Cem.

Date Sept. 22" 190[illegible]

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. [illegible] & CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. C 135690

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 203 Buntalow St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alton E. Nicholson

Residence, Give Street and Number, 203 Buntalow St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: March 25th 1908

AGE: 1 years, 6 months, — days

SINGLE, ~~MARRIED,~~ WIDOWED OR ~~DIVORCED~~. Single

BIRTHPLACE (State or county): Baltimore Md=

FULL NAME OF FATHER: William Nicholson

BIRTHPLACE OF FATHER (State or county): Pittsburg

MAIDEN NAME OF MOTHER: Annie E Klein

BIRTHPLACE OF MOTHER (State or county): Baltimore Md=

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Nicholson

(Address) 203 Buntalow St

Filed 9/24 1908

HARRY C. [illegible] Registrar.

PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 20 1908 that I last saw him alive on Sept 20 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis

(DURATION) 6m DAYS

Contributory (Primary) Teeth

(DURATION) 24 DAYS

(Signed) Walter A Lee M. D.

Address 541 Fulton Ave

Date Sept 21 1908

Place of Burial London Park

Date September 22nd 1908

Undertaker F. B. Wisiport

Address 1 Fredrick Ave Edtd

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C15801

167

# CERTIFICATE OF DEATH.

(Place of Death.) No. 620. S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Giesins Jesina

{Residence, if in Baltimore, Give Street and Number.} 620. S. Dallas

Duration of Residence in Baltimore. 2 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH ..... 1

AGE 8 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland.

FULL NAME OF FATHER Wojciech Gesinc

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Anastarya Chyzewsky

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wo. Gesinc

(Address) 620 S. Dalas

Filed 9/21 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Sept 20 1908 that I last saw h... alive on Sept 20 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Shock

Dr Emmanuel Sinclair Aug 21 08

(DURATION) DAYS

Contributory (Primary) scalded

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 160 Broadway

Date Sept 20 1908

Place of Burial Holy Rosary

Date Sept 22 1908

Undertaker William Trackowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 D C15802 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 515 N Arlington ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C Finney

{Residence, if in Baltimore, Give Street and Number.} 515 N Arlington

Duration of Residence in Baltimore. 35 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12th 1857

AGE: 50 years, 11 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: A. W. Finney

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary A Crawford

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Finney

(Address) 515 Arlington Ave.

Filed Sept-21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1908 to Sept. 21st 1908 that I last saw him alive on Sept. 20 1908, and that death occurred, on the date stated above, at 4.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion + Uremia.

Chron. Chronic Interst. Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Ellis M.D.

Address 1033 Edmondson ave

Date September 21 1908

Place of Burial London Park Cemetery

Date September 23d 1908

Undertaker Stewart + Warren Co

Address 212 Park ave

WM. J. C. DULANY CO., BALTIMORE.

1033 Edmondson ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7

Registered No. C 15803

104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 334 Dove St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lowis Roby

Residence, Give Street and Number, 48 Myer St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR C

DATE OF BIRTH ..... 1 .....

AGE 57 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED ~~S~~

BIRTHPLACE (State or county) Married Va

FULL NAME OF FATHER Lowis D Roby

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Rachel Watson

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex H Gonsales

(Address) 578 W Biddle St

Filed Sept 22 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from

as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Indigestion

Sudden (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address Coroner

Date Sept 21 1908

Place of Burial Leesburg Va

Date Sept 29 1908

Undertaker Alex H Gonsales

Address 578 W Biddle St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

1033

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

1580

1580427

# CERTIFICATE OF DEATH.

(Place of Death.) No. 425 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifton Earl Harrington

{ Residence, if in Baltimore, Give Street and Number. } 425 S. Monroe Lifer.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 2nd 1892 |
| AGE | 16 years, 2 months, 18 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore. |
| FULL NAME OF FATHER | Thos. J. Harrington |
| BIRTHPLACE OF FATHER (State or country) | Dorchester Co. Maryland |
| MAIDEN NAME OF MOTHER | Catherine Otto |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore. Md. |
| OCCUPATION OF DECEASED | Worked in Shoe factory. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thos. J. Harrington

(Address) 425 S. Monroe St.

Filed Sept 22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 6 1908 to Sept. 20 1908 that I last saw h[illegible] alive on Sept. 16 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 14 DAYS

Contributory (Primary.) Acetonemia

(DURATION) DAYS

(Signed) R. A. Watters M.D.

Address 1913 N. Lombard

Date Sept. 21 1908

Place of Burial Loudon Park Cem.

Date Sept 22nd 1908

Undertaker Charles J. Dill

Address 8/c Frederick Ave. Cr.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C15805 Registered No. C C15805

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Thompson Boswell

Residence, Give Street and Number, 1109 Argyle Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Col'd

DATE OF BIRTH .....1.....

AGE 19 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Thos. W. Thompson

BIRTHPLACE OF FATHER (State or county) ~~Md.~~ Va.

MAIDEN NAME OF MOTHER Eliza McCann

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos W Thompson

(Address) 1109 Argyle Ave

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 20, 1908

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Sept. 20, 1908, that I last saw h[illegible] alive on Sept. 17, 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis 3 mos (DURATION) DAYS

Contributory (Primary) Infection and racial predisposition (DURATION) DAYS

(Signed) Wm. Magruder M. D.

Address 922 Madison Ave

Date Sept. 21, 1908

Place of Burial, Laurel Cemetery

Date September 22nd 1908

Undertaker Felix J. Pye.

Address 102 E. Mulberry St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

# CERTIFICATE OF DEATH.

Registered No. B 15806

City of Baltimore, (No. 117 Diamond St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie L Dietzel

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: May (Month) 17 (Day) 1894 (Year)

AGE: 14 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Geo W Dietzel

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Florence Gudutch

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edna L Leonard.

(Address) 117 Diamond St

Filed 9/22 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from September 7 1908 to Sept 21 1908 that I last saw h er alive on Sept 21 1908, and that death occurred, on the date stated above, at P M. The CAUSE OF DEATH was as follows:

Rheumatism

(DURATION) 30 DAYS

Contributory Pericarditis

(DURATION) 6 DAYS

(Signed) Frank W Lemmon M. D.

Sept 22 1908 (Address) 322 N Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Sept 23 1908

UNDERTAKER: W Maurice Rouston

ADDRESS: 231 N Greene

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2516 E. North Ave. Diederick Hadewig St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Diederick Hadewig.

{Residence, if in Baltimore, Give Street and Number.} 2516 E. North Ave.

C15807

Duration of Residence in Baltimore. 32 yrs.

PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | white. |
| DATE OF BIRTH | Dec. 9 1840 |
| AGE | 67 years, 9 months, 12 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married. |
| BIRTHPLACE (State or country) | Germany. |
| FULL NAME OF FATHER | Dont Know |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Dont Know |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Waker at Cemetery. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Hadewig Wife

(Address) 2516 E North ave

Filed 9/22 1908

JAMES C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 21 1908

I HEREBY CERTIFY, That I attended deceased from Sep. 14 1908 to Sep. 21 1908; that I last saw him alive on Sep. 20 1908; and that death occurred, on the date stated above, at 4.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia and Heart Failure.

Contributory (Primary.) (DURATION) 8 DAYS

(DURATION) DAYS

(Signed) David J. Macht. M.D.

Address 1511 Madison Ave

Date Sep. 21 1908

Place of Burial Baltimore Cemetery

Date Sept 24th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15508

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alexander Pettingen

{ Residence, if in Baltimore, Give Street and Number. } Franklin & Schroeder's

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|---|
| SEX | Male | DATE OF DEATH | Sept. 20 1908 |
| COLOR | White | | |
| DATE OF BIRTH | July 11 1908 | I HEREBY CERTIFY, That I attended deceased from | Sept. 7 1908 to Sept 17 1908 |
| AGE | — years, 2 months, 10 days | that I last saw h— alive on | Sept. 20 1908, |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — | and that death occurred, on the date stated above, at | 7 A.M. |
| BIRTHPLACE (State or country) | Frederick City, Md. | CAUSE OF DEATH (Secondary or Immediate) | Cyst of Cerebrum Cerebral Marasmus |
| FULL NAME OF FATHER | Unknown | (DURATION) | Life DAYS |
| BIRTHPLACE OF FATHER (State or country) | Unknown | Contributory (Primary.) | |
| MAIDEN NAME OF MOTHER | Unknown | (DURATION) | DAYS |
| BIRTHPLACE OF MOTHER (State or country) | Unknown | (Signed) | G. S. Bunting M.D. |
| OCCUPATION OF DECEASED | — | Address | 222 E. Eutaw St |
| | | Date | Sept. 20 1908 |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Place of Burial | JOHNS HOPKINS HOSPITAL |
| (Informant) | | Date | SEP 21 1908 190 |
| (Address) | | Undertaker | Commissioner Health. Per. Wm. E. WOODALL. |
| Filed 9/22 1908 | HARRY G. ANDREWS, PERMIT CLERK. Registrar | Address | |

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

189

Ward 6 C15803 Registered No. B 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose ca La Crosse

{Residence, if in Baltimore, Give Street and Number.} 1330 N. Broadway

Duration of Residence in Baltimore. 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1862

AGE 46 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER S. J. Cheshire

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Eugenia Clifford

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis X Lacrosse (Husband)

(Address) 1330 N Broadway

Filed 9/22 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Sept 12 1908 that I last saw h alive on Sept 12 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy & Pneumonia (Acute Lobar)

(DURATION) 12 DAYS

Contributory (Primary) Chronic Endo.

(DURATION) — DAYS

(Signed) Johnson Buck M.D.

Address 2844 St. Paul St

Date Sept 22 1908

Place of Burial Alexandria Va

Date SEP 22 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C15810

# CERTIFICATE OF DEATH. C15810

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Miss) Emma Bruce Tumbleson

Residence, Give Street and Number, 122 S Collington

Duration of Residence in Baltimore, 43 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Chas H Tumbleson

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Sarah A Smoking

BIRTHPLACE OF MOTHER (State or county): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Tumbleson

(Address) 2[illegible] Madison Ave

Filed 9/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 20 1908 that I last saw her alive on Sept 20 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 1 DAYS

Contributory (Primary) Typhoid fever

(DURATION) 7 DAYS

(Signed) Arthur W. Erskine M. D.

Address Md Gen Hosp.

Date Sept 20 1908

Place of Burial London Park Cemetery

Date Sept 23rd 1908

Undertaker H E Hughes

Address 17 S Broadway

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

C15811

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 N. Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Bayer

{ Residence, if in Baltimore, Give Street and Number. } 1023 N. Calhoun St

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Dec 24 1828

AGE: 79 years, 7 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Georg Bayer.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bayer.

(Address) 1023 N Calhoun St

Filed 9/22 1908 HARRY C. ANDREWS, PUBLIC CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Sept 20 1908 that I last saw h~~im~~ alive on Sept 20 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Int Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rudolph Carmichael M.D.

Address ~~Carmichael~~ 2224 N Booth St

Date Sept 21 - 08. 190

Place of Burial Baltimore Cemetery

Date Sept 23 1908

Undertaker Mrs A Rohde & Son

Address 720 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C15812 Registered No. C [illegible]

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. at or about the University Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N. Hammond.

Residence, Give Street and Number, 923 Columbia Ave.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| m | w |

DATE OF BIRTH: May 15 188[illegible]

AGE: 26 years, 4 months, [illegible] days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Geo. W. Hammond

BIRTHPLACE OF FATHER (State or couuty): Md.

MAIDEN NAME OF MOTHER: Eleanor F. Winter

BIRTHPLACE OF MOTHER (State or couuty): Md

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Hammond

(Address) 923 Columbia Ave

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Fractured Skull.

Ran over by an electric Car.

(DURATION) few minutes DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F. Martin M. D. Coroner

Address

Date Sept 21 1908

Place of Burial Loudon Park

Date Sept 21, 190 8

Undertaker W. P. Nuckolls Sons

Address Eutaw Place

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15813

Registered No. B.....

City of Baltimore, (No. 7, E. Hamburg St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred A. Moran.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February (Month) 11 (Day) 1908 (Year)

AGE: — years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Harry F Moran.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ella Moran.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Moran

(Address) 7 E Hamburg St

Filed 9/22 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1908 to Sept 21 1908 that I last saw her alive on Sept 20 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Laceration

.....(DURATION).....DAYS

Contributory Marasmus.

.....(DURATION).....DAYS

(Signed) Henry Waldschmidt M. D.

Sept 22 1908 (Address) 933 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet | Sept 23 1908 |
| UNDERTAKER | ADDRESS |
| Jno J Dulany Son | 1232 Madison |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Bromwell

{ Residence, if in Baltimore, Give Street and Number. } 1749 Battery Ave.

Duration of Residence in Baltimore. 20 years. C15814

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Mar. 15 1880 |
| AGE | 28 years, 6 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Ind. |
| FULL NAME OF FATHER | Joseph Bromwell |
| BIRTHPLACE OF FATHER (State or country) | Ind |
| MAIDEN NAME OF MOTHER | Mary Shenton |
| BIRTHPLACE OF MOTHER (State or country) | Not Known |
| OCCUPATION OF DECEASED | Police Officer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mayrette Bromwell (wife)

(Address) 1433 Riverside Ave

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1908 to Sept. 20 1908.

that I last saw him alive on Sept 20 1908,

and that death occurred, on the date stated above, at 11.4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

(DURATION) DAYS

Contributory (Primary) Typhoid fever. (DURATION) DAYS

(Signed) Wm. J. Schmith M.D.

Address City Hospital

Date Sept. 20 1908

Place of Burial BALTIMORE CEMETARY.

Date SEP 23 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C15815 Registered No. B C15815

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Mulliken St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sadie Grooms

{Residence, if in Baltimore, Give Street and Number.} 1736 Mulliken St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John W Grooms

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Kenard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father John W Grooms

(Address) 1736 Mulliken St

Filed 9/22 1908 HARRY G. ANDREWS, PERCY GLENN, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept 18 1908 to Sept 19 1908 that I last saw h[illegible] alive on Sept 18 1908, and that death occurred, on the date stated above, at 4 30 m. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tub.

6 mo (DURATION) DAYS

Contributory (Primary.)

heart failure (DURATION) 1 DAYS

(Signed) A Weyforth M.D.

Address 1031 Eutaw Place

Date Sept 21 1908

Place of Burial Mt Hope

Date Sept 22 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C15816 Registered No. B

# CERTIFICATE OF DEATH. 18

(Place of Death.) No. 104 Rogers Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Missouri Robinson

{ Residence, if in Baltimore, Give Street and Number. } 104 Rogers Ave

Duration of Residence in Baltimore. 25 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1853.

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Norfolk Va.

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Missouri Dukes

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Wilson

(Address) 104 Rogers Ave

Filed 9/22 1908 HARRY C. ANDREWS, FERRIS CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1908 to Sept 22 1908 that I last saw h[er] alive on Sept 21 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas

(DURATION) 10 DAYS

Contributory (Primary.) Constipation

(DURATION) 3 weeks DAYS

(Signed) J. E. Heard M.D.

Address 202 Aisquith St

Date Sept 22 1908

Place of Burial Asbury

Date Sept 24 1908

Undertaker R. A. Elliott

Address 502 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 15817 — 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 323 N. Bruce St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Josephine Garrison

{Residence, if in Baltimore, Give Street and Number.} 323 N. Bruce St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Dec 12 1807

AGE ..... years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. Garrison

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Alice Hughes

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Garrison

(Address) 323 N. Bruce St

Filed 9/22 1908 HARRY C. ANDREWS. Registrar

PERMIT

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Sept 21 1908

that I last saw h[illegible] alive on Sept 21 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Enteritis

Colitis

2 mos (DURATION) D[illegible]

Contributory (Primary.) Asthenia

3 wks (DURATION) D[illegible]

(Signed) W F Norris M.D.

Address Dr W F Norris Ellicott City

Date Sept 21 1908

Place of Burial Mt Auburn Cemetery

Date September 22nd 1908

Undertaker Felix B Pye.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 15818

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1440 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Matthews

{Residence, if in Baltimore, Give Street and Number.} 1440 Presstman St

Duration of Residence in Baltimore. all life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Samuel Matthews

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriett Green

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Harriett Matthews

(Address) 1440 Presstman st

Filed 9/22 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1908 to Sept. 20 1908 that I last saw h in alive on Sept. 20 1908, and that death occurred, on the date stated above, at 5-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey st

Date Sept. 21, 1908

Place of Burial St Peters Cemetery

Date Sept 23rd 1908

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15819 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 310 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Belle Taylor

{Residence, if in Baltimore, Give Street and Number.} 310 S. Dallas St.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR Colored |
| DATE OF BIRTH | 1 |
| AGE | 26 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore Md |
| FULL NAME OF FATHER | Jerry Mondawney |
| BIRTHPLACE OF FATHER (State or couutry) | Essex Co Va |
| MAIDEN NAME OF MOTHER | Lizebeth Anstaey |
| BIRTHPLACE OF MOTHER (State or country) | Baltimore Md |
| OCCUPATION OF DECEASED | House Work |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ely Taylor

(Address) 310 S Dallas St

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 21st 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 14th 1908 to Sept. 21st 1908 that I last saw h[illegible] alive on Sept 20th 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Rus M.D.

Address 213 S. Bond St.

Date Sept. 21st 1908

Place of Burial Mt Zion Cem.

Date Sept 23 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. C 15820

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infants Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Johnson

Residence, Give Street and Number, St. Vincents Infants Asylum

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W

DATE OF BIRTH ..... 1908

AGE ..... years, ..... months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address) .....

Filed 9/22 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 20 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E. McK. Keagy M. D.

Address 1230 N Caroline St

Date Sept 21 1908

Place of Burial New Cathedral

Date Sept 22 1908

Undertaker Martin Haley & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15831 Registered No. C .....

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Powell

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH Sept 17 1907

AGE ..... years, ..... months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum

(Address) .....

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 19 1907

that I last saw her alive on ..... 1907

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E. McMayhew M. D.

Address 1730 N Caroline

Date Sept 21 1907

Place of Burial New Cathedral

Date Sept 22 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15822 Registered No. C ..... 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. Rox St. Vincents Infant Asylum (If Death occurred in hospital or institution give its Name instead of Street and Number.)

Full Name Rosalia Hoffman

Residence, Give Street and Number, St. Vincents Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W.

DATE OF BIRTH ..... 1908

AGE ..... years, ..... months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/22 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 20 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E H Harman M. D.

Address 1235 N Carrollton

Date Sept. 21 1908

Place of Burial New Cathedral

Date Sept 22 1908

Undertaker Martin Tuley & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. C15823 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Carrol Killmayer

Residence, Give Street and Number, 1106 N Washington

Duration of Residence in Baltimore, Since Birth

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 3° of July 1908

AGE: ~~0~~ years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: John H. Killmayer.

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Hannie T. McDermott

BIRTHPLACE OF MOTHER (State or county): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Killmayer

(Address) 1106 N. Washington St

Filed 9/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 22 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Sept 21 1908

that I last saw him alive on Sept 21 1908

and that death occurred, on the date stated above, at 2.18 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) 62 DAYS

Contributory (Primary) Inanition

(DURATION) DAYS

(Signed) R J Simms M. D.

Address 1025 N Wolfe st

Date Sept 22 1908

Place of Burial Holy Redeemer Cemetery

Date Sept 23rd 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C1582

PRESBYTERIAN EYE, EAR & THROAT CHARITY HOSPITAL.

City of Baltimore, (No. 1107 S. Carey St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Casper Bub. Casper Bub

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Oct. 7 1839 (Month) (Day) (Year) |
| AGE | 68 years, 11 months, 14 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | Germany. |
| FULL NAME OF FATHER | Peter Bub. |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | Unknown. |
| BIRTHPLACE OF MOTHER (State or country) | Germany. |
| OCCUPATION OF DECEASED | Varnisher |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Huber

(Address) 1107 S Carey st

Filed 9/22 190 8 HARRY C. [illegible] PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 (Month) (Day) 190 5 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to Sept 21 1905

that I last saw h[illegible] alive on Sept 21 1905,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Epithelioma of Esophagus

(DURATION) 8 mo DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Wm H. Ellis M. D. Res. Phys.

Sept 21 1905 (Address) PRESBYTERIAN EYE, EAR & TH[illegible] CHARITY HOSPITAL.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1107 S. Carey St. How long at Place of Death? 6 mo Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem DATE OF BURIAL Sept 22 1905

UNDERTAKER C Schloman Son ADDRESS 1034 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

C15825

Registered No. B

City of Baltimore, (No. 707, Pennsylvania Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Freuman. (Freeman)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Simon Bray

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Freuman

(Address) 707 Penna Ave

Filed 9/22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 21st, 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to Sept. 21 1908
that I last saw h alive on Sept. 21st 1908,
and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of the ~~Heart~~ heart —

Six months (DURATION) — DAYS

Contributory —

(DURATION) DAYS

(Signed) Louis W. Knight M. D.

Sept. 21 1908. (Address) 414 N. Grove St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship Cy

DATE OF BURIAL: Sept 24th 1908

UNDERTAKER: Harris & Levi Heim

ADDRESS: 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

20

(Place of Death.) No. 3037 W. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas F. Burke

{Residence, if in Baltimore, Give Street and Number.} 3037 W North ave

Duration of Residence in Baltimore. Life

C15826

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 8th 1853

AGE: 55 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Nicholas Burke

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sarah F—

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Custom Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Burke

(Address) 3037 W North ave

Filed 9/23 1908 HARRY G. ANDREWS, Registrar
PUBLIC CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21st 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1908 to Sept 21st 1908 that I last saw him alive on Sept 21st 1908, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (caused by Streptococcus Bacilli)

(DURATION) 6 DAYS

Contributory (Primary.)

Inflammation of right ear caused by (DURATION) 8 DAYS

(Signed) J. H. Zapp M.D.

Address 3050 W North ave

Date Sept 22nd 1908

Place of Burial Balto City

Date Sept 24th 1908

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15827

City of Baltimore, (No. 1534 Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily C. Traband

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1835 (Year)

AGE: 73 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C E Traband

(Address) 1534 Harlem ave

Filed 9/23 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 21 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sep. 14 1908 to Sep. 21 1908 that I last saw her alive on Sep. 21 1908, and that death occurred, on the date stated above, at 9 15 a. m. The CAUSE OF DEATH was as follows:

Hypostatic Congestion Lungs (DURATION) 1 DAYS

Contributory Acute Gastritis (DURATION) 7 DAYS

(Signed) H Mclennon M. D.

Sep 22 1908 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Sept 23 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1603 Lemmon Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Eleanor Harman

{ Residence, if in Baltimore, Give Street and Number. } 1603 Lemmon Lane

Duration of Residence in Baltimore. 15 yrs C15828

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | F |
| COLOR | B |
| DATE OF BIRTH | 1 |
| AGE | 38 years, ... months, ... days |
| SINGLE, ~~MARRIED~~, WIDOWED, ~~OR~~ DIVORCED | |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Domestic |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Harman

(Address) 1603 Lemmon Lane

Filed 9/23 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 20 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h alive on 1908 and that death occurred, on the date stated above, at 4.2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pneumonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Cummins M.D.

Address Coroners Office

Date Sept 20 08 1908

Place of Burial Laurel

Date Sept 23 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C15823

# CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Morris St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Elijah Braun

{Residence, if in Baltimore, Give Street and Number.} 906 Morris St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elizabeth Tyson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Joseph Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Braun

(Address) 906 Morris St

Filed 9/23 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 - 1908 to Sept 21 1908

that I last saw him alive on Sept 21 1908

and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis and Hemorrhage continued of Lungs —

(DURATION) 12 DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 12 DAYS

(Signed) J. W. Bernard M.D.

Address 908 Cedar St

Date Sept 22 1908

Place of Burial Laurel

Date Sept - 23 — 1908

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 15830

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 876 McCulloh St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Stevenson

{ Residence, if in Baltimore, Give Street and Number. } 876 McCulloh St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX M / COLOR B | DATE OF DEATH Sept. 22 1908 |
| DATE OF BIRTH 1 | I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... |
| AGE 46 years, ... months, ... days | that I last saw h ... alive on ... 190 ..., |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate) |
| BIRTHPLACE (State or country) Md | Heart Disease |
| FULL NAME OF FATHER John H Stevenson | Suddon |
| BIRTHPLACE OF FATHER (State or country) Md | (DURATION) ... DAYS |
| MAIDEN NAME OF MOTHER Jane Cornish | Contributory (Primary.) ... |
| BIRTHPLACE OF MOTHER (State or country) Md | (DURATION) ... DAYS |
| OCCUPATION OF DECEASED Laborer | (Signed) ... M.D. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | Address Coroner Md |
| (Informant) Annie Mitchell | Date Sept 22 1908 |
| (Address) 1923 Horn St- | Place of Burial Lakeview Laurel |
| Filed 9/23 1908 HARRY E. ANDREWS, FERRIS OLIVER. Registrar | Date Sept- 25-th 1908 |
| | Undertaker R J Edelin Co |
| | Address 566 Rogers Ave |

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Whether married or single) of the person

Ward 7 C15831 Registered No. C

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 201 Perry Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Webster

Residence, Give Street and Number, 201 Perry Street

Duration of Residence in Baltimore, 3 months

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: June 8th 1908

AGE: ..... years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Md City

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 17 1908

that I last saw him alive on Sept 17 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) 90 DAYS

Contributory (Primary) Bronchitis

(DURATION) 14 DAYS

(Signed) M. B Campbell M. D.

Address 115 W. Barre St

Date Sept 22nd 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 23 1908 1908

Undertaker Commissioner Health, Pro Tem. HOSPITAL

Address

FOR ANATOMICAL PURPOSES

Remarks .....

191

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from sickness during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

U5832

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 429 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hermona Knight

{Residence, if in Baltimore, Give Street and Number.} 1124 E Pratt St

Duration of Residence in Baltimore..... Don't know

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't Know

AGE: about 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Don't Know

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 21 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

Thatoid

(DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1108 N Eden St

Date Sept 21 1908

Place of Burial

Date SEP 22 1908 190

Undertaker Commissioner Health, Per Wm E. WOODALL

Address

JOHNS HOPKINS HOSPITAL SEP 22 1908

ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

191

C15833

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 108 E Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel May Kelley

{Residence, if in Baltimore, Give Street and Number.} 108 E Montgomery

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Nov 22 1907

AGE — years, 10 months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) B City

FULL NAME OF FATHER Wm Kelley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Cheney

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Kelley

(Address) 108 E. Montgomery St

Filed 9/23 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 21 1908 that I last saw h-r alive on Sept 21 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic indigestion with enteritis

(DURATION) ? DAYS

Contributory (Primary.) General Exhaustion (DURATION) ? DAYS

(Signed) Wesley Cole M.D.

Address 730 N Fulton

Date Sept 22 1908

Place of Burial Cedar Hill Cemetery

Date SEP 23 1908 190

Undertaker Howard & Tulley

Address 438 Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C15834 Registered No. ...

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1131 N. Caroy St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Clarence Edgar Phelps Jr

{Residence, if in Baltimore, Give Street and Number.} 1131 N. Caroy 26

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 22nd 1905

AGE: 3 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Clarence Edgar Phelps

BIRTHPLACE OF FATHER (State or country): Phil - Pa

MAIDEN NAME OF MOTHER: Bessie L. Bull

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Edgar Phelps

(Address) 1131 N. Caroy 26

Filed 9/23 1908 HARRY C. [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 22 1908 that I last saw him alive on Sept 22 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 24 hours

Contributory (Primary.) Double Pneumonia (DURATION) 1 DAY

(Signed) Louis Blaugh M.D.

Address 1741 E. Lanvale

Date Sept 22 1908

Place of Burial Loudon Park

Date Sept 25th 1908

Undertaker Geo. Weber

Address 1155 N. Caroy 26.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15835

61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 229 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie L. Lockwood

{Residence, if in Baltimore, Give Street and Number.} 229 Pearl

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH ~~Sept~~ July 29, 1907

AGE ____ years, 14 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER John Lockwood.

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Margret Clark.

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Lockwood.

(Address) 229 Pearl St.

Filed 9/23 1908 [redacted] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1908 to Sept 22 1908

that I last saw h-- alive on Sept 22 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Non Tuberculous Leptomeningitis Infantum

(DURATION) 20 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) V Van Williams M.D.

Address 601 N Carrollton Ave

Date Sept 22, 1908

Place of Burial New Cathedral Cemetery

Date Sept. 23, 1908.

Undertaker J. E. Branning & Son.

Address 5 S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

112

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15836

City of Baltimore, (No. 1423, N. Broadway St.; 8 th Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H Bromwell

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 28th (Day) 1861 (Year) (Month)

AGE: 47 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Madison Dorchester Co

FULL NAME OF FATHER: William Wesley Bromwell

BIRTHPLACE OF FATHER (State or country): Madison Dorchester Co.

MAIDEN NAME OF MOTHER: Elijah Jane Huntington

BIRTHPLACE OF MOTHER (State or country): Madison Dorchester Co.

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. L. Burke

(Address) 2021 E. Pratt st.

Filed 9/23 1908 [redacted] Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 22 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 22 1908 that I last saw h me alive on Sept 22 1908, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Hypertrophic Cerrhosis of Liver

Unknown (DURATION) DAYS

Contributory

Exhaustion (DURATION) 30 DAYS

(Signed) A D Macdonald M. D.

Sept 22 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetary

DATE OF BURIAL: Sep 24 1908

UNDERTAKER: Robert J Turner.

ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 15837

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. Clifton Ave & 13th St. Hall-Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Woodward Rogers

Residence, Give Street and Number, 1324 Fulton Place

Duration of Residence in Baltimore, About 30 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1838

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Dearborn Co. Ind

FULL NAME OF FATHER: Benjamin Woodward

BIRTHPLACE OF FATHER (State or county): Dearborn Co. Ind

MAIDEN NAME OF MOTHER: Emily G. Green

BIRTHPLACE OF MOTHER (State or county): Dearborn Co. Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Woodward Rogers

(Address) Clifton Ave & 13th St Hall-Walbrook

Filed 9/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1908 to Sept 22nd 1908 that I last saw her alive on Sept 22nd 1908 and that death occurred, on the date stated above, at 9.00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions (Uremic)

(DURATION) ... DAYS

Contributory (Primary) Lobular Pneumonia

Chronic Bright Disease (DURATION) 16 DAYS

(Signed) H. Upshur M. D.

Address 300 N. Madison ave

Date Sept 22nd 1908

Place of Burial Druid Ridge Cemetery

Date September 24 1908

Undertaker Henry M. Jenkins and Sons Co

Address 300 N. Madison St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B 015838

City of Baltimore, (No. 1423, Andre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cecilia G. Sullivan

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 7th 1907 (Month) (Day) (Year)

AGE: 1 years, 3 months, 15 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Tillery

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Sullivan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Tillery

(Address) 1423 Andre.

Filed 9/23 1908

HARRY G. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 22 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 22 1908 that I last saw h~~e~~r alive on Sept 21 1908, and that death occurred, on the date stated above, at 7½ a. m. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 2 DAYS

Contributory Debilitation

(DURATION) 2 DAYS

(Signed) W. G. Smith M. D.

Sept 22 1908 (Address) 520 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross A. H. Co. | DATE OF BURIAL: Sept 22 1908

UNDERTAKER: Jos. Stumbaugh | ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the cause and date of death.

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. 2448 Eutaw PL St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Rustin (Rustian)

{Residence, if in Baltimore, Give Street and Number.} ~~Wm Rustin~~ C. 15839

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH 1

AGE ..... years, 7 months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm H Rustin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucy Jordan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Rustin

(Address) 2448 E Eutaw St

Filed 9/28 1908 HARRY C. MEEKINS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at 1.0 P.M.

CAUSE OF DEATH (Secondary or Immediate)

[illegible]

4 hours (DURATION) 30 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1811 N. Chester

Date Sept 23 190..

Place of Burial Cathedral

Date Sept 23 190..

Undertaker Lehmann Bro's

Address 1324 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

C15840

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. Home for Incurable St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Jane Gray

{ Residence, if in Baltimore, Give Street and Number. } Home for Incurable

Duration of Residence in Baltimore.....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Oct 22 1

AGE: 68 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Aron Gaural

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Ann E Shepard

BIRTHPLACE OF MOTHER (State or country): Annapolis

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Secretia H. Mise

(Address) 2516 N. Charles

Filed 9/23 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from July 1906 to Sept 21 1908 that I last saw her alive on Sept 21 1908, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or immediate)

Bright's disease

Twenty Years (DURATION) DAYS

Contributory (Primary.) Enthusiasm

2 Years (DURATION) DAYS

(Signed) C. M. Gatrual M.D.

Address 2413 St Paul St

Date Sept 22 1908

Place of Burial Greenmount Cemetery

Date Sept 24 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

# CERTIFICATE OF DEATH.

(Place of Death.) No. 726 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwina Taylor

Residence, Give Street and Number, 726 Bradley St. C1584

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1

AGE: 42 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Bolt city

FULL NAME OF FATHER: John Chore

BIRTHPLACE OF FATHER (State or county): ——

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or county): — —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Shackles

(Address) 726 Bradley St.

Filed 9/23 190 8

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1908, to Sept. 20, 1908, that I last saw her alive on Sept 18, 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Endocarditis 3 months (DURATION) DAYS

Contributory (Primary) Dilatation (DURATION) DAYS

(Signed) D. Edw. Magruder M. D.

Address 922 Madison Ave.

Date ..... 190

Place of Burial Mont auburn

Date Sept 23 1908

Undertaker John H Owens & Son

Address 1922 Dunham ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

*Full Name* Maggie Franz.

*{Residence, if in Baltimore, Give Street and Number.}* 514 Campbell St.

*Duration of Residence in Baltimore* Life C15842

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Philip Franz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Weber

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barbara Franz.

(Address) 514 Campbell

Filed 9/23 1908 HARRY G. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1908 to Sept. 21 1908.

that I last saw her alive on Sept. 21 1908,

and that death occurred, on the date stated above, at 12.30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart.

(DURATION) DAYS

Contributory (Primary) Mitral insufficiency

(DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital

Date Sept. 21 1908.

Place of Burial Holy Redeemer

Date Sept 24 1908

Undertaker Jos B Cook

Address 1013 N Bals st

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

# CERTIFICATE OF DEATH.

4

(Place of Death.) No. 116 S. Duncan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Freund

{ Residence, if in Baltimore, Give Street and Number. } 116 S. Duncan alley

Duration of Residence in Baltimore. 45 years

C 15843

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 70 years, 1 months, 3 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andreas Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Hardesty

(Address) 210 S. Monroe St.

Filed 9/23 1908 HARRY G. ANDREWS. PHILIP GLICK (Registrar)

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21st 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to Sept 20 1908 that I last saw her alive on Sept 20 1908, and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma (uterus)
(cancer) up 3

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 2057 Eastern Ave

Date Sept 22 1908

Place of Burial Holy Redeemer

Date Sept 23rd 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Girard E. Egan

{Residence, if in Baltimore, Give Street and Number.} 2019 Hollins St.

Duration of Residence in Baltimore. life C 15844

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept - 3 - 1908

AGE — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Edw. Egan

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Gertrude R. Magee

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Edw. Egan

(Address) 2019 Hollins St.

Filed 9 23 1908 HARRY W. ANDREWS, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Sept 22 1908, that I last saw him alive on Sept 22 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure -

(DURATION) 1 DAYS

Contributory (Primary.) Malnutrition

Congenital debility (DURATION) 19 DAYS

(Signed) E Judson Miller M.D.

Address 2029 W Balto St

Date Sept 23 1908.

Place of Burial New Cathedral

Date Sept - 23 - 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Tubman

{ Residence, if in Baltimore, Give Street and Number. } 21 N. Spring

Duration of Residence in Baltimore.....

C 15845

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Eleven Harman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susan Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Smackum

(Address) 1424 Orleans St

Filed 9/23 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 20 1908 that I last saw h.. alive on Sept 20 1908, and that death occurred, on the date stated above, at 7.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Hans M.D.

Address Johns Hopkins Hospital

Date Sept 21 1908

Place of Burial Laurel Cem

Date Sept 23 1908

Undertaker Mrs J. H. Jackson

Address 1424 N. Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

Ward 20

Reg...

# CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1218 Marshall Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Mannion

Residence, Give Street and Number, 1218 Marshall ave

Duration of Residence in Baltimore, Lifetime C 15846

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: ... 1

AGE: 14 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John Mannion

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Bridget Monoghen

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mannion

(Address) 1218 Marshall St

Filed 9/23 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 21st 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1908 to Sept 21st 1908

that I last saw him alive on Sept 21st 1908

and that death occurred, on the date stated above, at 9 P M

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Endocarditis

1 year (DURATION) ... DAYS

Contributory (Primary) ...

Rheumatism (DURATION) ... DAYS

(Signed) T. J. O'Donnell M. D.

Address 1340 S Charles

Date Sept 23rd 1908

Place of Burial Cathedral Cemetery

Date Sept 24. 1908

Undertaker H. J. McG. Flynn

Address 42 E. West St.

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 510 S Rose St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Embofh

{ Residence, if in Baltimore, Give Street and Number. } 510 S Rose St

C 15847

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 17th 1866

AGE 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Christian Minches

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Schraden

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Simpson

(Address) 1025 Canton ave

Filed 9/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 18 1908 to Sept 20 1908

that I last saw her alive on Sept 20 1908,

and that death occurred, on the date stated above, at 5-15 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Fait ave

Date Sept 21 1908

Place of Burial Holy Redeemer

Date Sept 24th 1908

Undertaker Geo. A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15848

City of Baltimore, (No. 306, Forrest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly May Gettings.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Unknown (Month) (Day) 1888 (Year)

AGE 20 yrs 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Frank Gettings

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Belle Williams

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belle Williams

(Address) 306 Forrest St

Filed 9/23 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 22 1908 that I last saw h[er] alive on Sept 22 1908, and that death occurred, on the date stated above, at 7.15 A. M. The CAUSE OF DEATH was as follows:

Gastritis & Dysentery (DURATION) 6 DAYS

Contributory Cholera Morbus (DURATION) 7 DAYS

(Signed) W. Clyde Burns M.D.

Sept 22 1908 (Address) 2040 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Zion Cemetery | DATE OF BURIAL Sept 24th 1908

UNDERTAKER Chas L. Bailey | ADDRESS Fifteen & Jefferson sts

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

# CERTIFICATE OF DEATH

(Place of Death.) No. 18 Marley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Stiob

{ Residence, if in Baltimore, Give Street and Number. } 18 Marley St

Duration of Residence in Baltimore. 50 years.

C15849

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. C. Stiob

(Address) 18 Stanley St

Filed 9/23 1908

HARRY M. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 22 1908

that I last saw h— alive on Sept 21 1908

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Cardiac Failure -

(DURATION) DAYS

Contributory (Primary) Senile Pneumonia

(Secondary) (DURATION) 2 days

(Signed) Geo. Weahle M.D.

Address 190 E. Balto St.

Date Sept 22 1908

Place of Burial Loudon Park

Date Sept. 24/08 1908

Undertaker Lou Cook

Address 702 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Ward

Reg

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 S. Curley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Labuda

Residence, Give Street and Number, 1110 S Curley st

Duration of Residence in Baltimore, Life

C 15850

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 10th 1906

AGE: 2 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Steven Labuda

BIRTHPLACE OF FATHER (State or county) Bohemia

MAIDEN NAME OF MOTHER Hedwig Balenbosky

BIRTHPLACE OF MOTHER (State or county) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Labuda

(Address) 1110 Curley st

Filed 9/23 1908 HARRY C. ANDREWS. VERNIE CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 23 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Sept 22 1908

that I last saw him alive on Sept 19 1908

and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) DAYS

Contributory (Primary) Gastro Enteritis (DURATION) DAYS

(Signed) C. N. Ahern M. D.

Address 3200 Hudson st

Date Sept 23rd 1908

Place of Burial Holy Redeemer

Date Sept. 24 1908

Undertaker Frank Quach and Son

Address 1904 Oakland Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 42 West West St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Curry

Residence, Give Street and Number, 42 West West Street.

Duration of Residence in Baltimore, 3 months. C 15851

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1858

AGE: 50 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): A. A Co. Md.

FULL NAME OF FATHER: Robert Curry

BIRTHPLACE OF FATHER (State or couuty): A. A. Co. Md.

MAIDEN NAME OF MOTHER: Christiann Owens.

BIRTHPLACE OF MOTHER (State or county): A. A. Co. Md.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malachi Curry

(Address) 42 W. West St.

Filed Sept 23 1908 [illegible] ANDREWS, Registrar.
PERMIT CLERK.

Remarks .....

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1908 to Sept 22 1908

that I last saw h[illegible] alive on Sept 22 1908

and that death occurred, on the date stated above, at 1 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma Duodenum

1 mo

(DURATION) ..... DAYS

Contributory (Primary) Dropsy

1 mo

(DURATION) ..... DAYS

(Signed) C. H. Forbes M. D.

Address 712 S. Stamp Road

Date Sept 23d 1908

Place of Burial Head of Rock Creek P. C. Co. Md

Date Sept. 24 1908

Undertaker John H. Toadvine

Address 1412 W. Hill St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Maria Moriarty

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 15852

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1845

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter Coffey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Tracey

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 9/23 1908 HARRY S. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Sept 1 1908,

and that death occurred, on the date stated above, at 1 p. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diarrhea

and Cancer (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1193 Valley st

Date Sept 23 1908

Place of Burial St Peters

Date Sept 27 1908

Undertaker W. C. Middefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C15853 Registered No. B C15853

# CERTIFICATE OF DEATH. 167 15853

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Fauntroy

{ Residence, if in Baltimore, Give Street and Number. } 562 Orchard St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph A. Fauntroy

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Edlo Price

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Fauntroy

(Address) 562 Orchard St

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

S Lock

(Supposed to have been blown by mitt matches a.p.s.)

.... (DURATION) .... DAYS

Con tributory (Primary.) Accidental burns (DURATION) 8 hrs ~~Days~~

(Signed) Thomas Bacon Corner M.D.

Address 700 N. Lafayette Ave

Date Sept. 23 1908

Place of Burial Mt. Zion

Date Sept 26 1908

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

C15854

Ward ..... Registered No. C ..... 56

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas B Carey

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 37 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Watchman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22 1908 to Sept 23 1908 that I last saw h[illegible] alive on Sept 23 1908 and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion & Convulsions

(DURATION) — DAYS

Contributory (Primary) Malaria

(DURATION) 2 DAYS

(Signed) W R Eshn M. D.

Address Bay View Hosp.

Date Sept 23 1908

Place of Burial Mt Calvary

Date Sept 25 1908

Undertaker A. Fahrney & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C15855 Registered No. B C15855

# CERTIFICATE OF DEATH.

98

(Place of Death.) No. 873 Raborg St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles Murphy

{Residence, if in Baltimore, Give Street and Number.} 873 Raborg St.

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1847

AGE: 61 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Charles Jones

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Zophia ——

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Jones

(Address) 873 Raborg Street.

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept 23 1908 that I last saw him alive on Sept 21 1908 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Emphysema

(DURATION) (?) DAYS

Contributory (Primary.) Emphysema

(DURATION) (?) DAYS

(Signed) H. B. M. Cant M.D.

Address 2005 Druid Hill Ave

Date Sept 23 1908

Place of Burial National Cemetery

Date September 24 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15856 Registered No. B

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 9 S. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Karney ~~Rachel~~ Scherr

{ Residence, if in Baltimore, Give Street and Number. } 9. South Central ave

Duration of Residence in Baltimore. 15 Yr.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 3 1860

AGE 48 years, 1 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Rachel Scherr

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Rosenstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Scherr

(Address) 9 S. Central ave

Filed 9/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Sept 24 1908

that I last saw h[illegible] alive on Sept 23 1908,

and that death occurred, on the date stated above, at 4.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

(Cancer of Liver)

Toxemia & Starvation

immediate cause

5 month (DURATION) DAYS

Con'ributory (Primary.) Cancer

2 weeks (DURATION) 3 DAYS

(Signed) M. Kunstler M.D.

Address 846 - E. Pratt ST

Date Sept 24 1908

Place of Burial Randale Cemetery

Date Sept. 24, 1908

Undertaker May Lippman

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15857 Registered No. B C15857

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 770 Vine St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Owens

{ Residence, if in Baltimore, Give Street and Number. } 770 Vine St

Duration of Residence in Baltimore...

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ...1...

AGE 35 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 9/24 1908 HARRY C. ANDREWS, CERTIFICATE CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1908

I HEREBY CERTIFY, That I attended deceased from ...1908 to ...1908

that I last saw h... alive on ...1908,

and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

...(DURATION)... DAYS

Contributory (Primary.) ...

...(DURATION)... DAYS

(Signed) ... M.D.

Address ...

Date ... 1908

JOHNS HOPKINS HOSPITAL

Place of Burial ...

Date SEP 23 1908 190...

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address ...

FOR ANATOMICAL PURPOSES

St. Ch Morgue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5
8
1

Ward 12 C15858 Registered No. B C15858

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lyons

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX M | COLOR Black |
| DATE OF BIRTH 1 | |
| AGE 45 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | |
| FULL NAME OF FATHER | |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/24/08 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 2 1908 to Sept. 20 1908 that I last saw h[illegible] alive on Sept 20 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea.

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid fever. (DURATION) DAYS

(Signed) Wm Schmidt M.D.

Address City Hospital

Date Sept. 20 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 23 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. Woodall

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

190

Ward 18 C15859 Registered No. B C15859

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name August Inohr

{ Residence, if in Baltimore, Give Street and Number. } 703. Windsor Street

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 11 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alex. Inohr

BIRTHPLACE OF FATHER (State or country): Ger.

MAIDEN NAME OF MOTHER: Mattes

BIRTHPLACE OF MOTHER (State or country): Ger

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Alex. Inohr

(Address) 703 Windsor St

Filed 9/24 1908

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22 1908 to Sept 23 1908

that I last saw h~~im~~ alive on " " 1908,

and that death occurred, on the date stated above, at 4.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gangrenous appendicitis
General suppuration
peri Conitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W.S. Gayler M.D.

Address Johns Hopkins Hospital

Date Sept 23 1908

Place of Burial 1st German Cem

Date Sept 26 1908

Undertaker P. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

# HEALTH DEPARTMENT, City of Baltimore.

C15860

Registered No. C C15860

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 722 S Register St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Kriss

Residence, Give Street and Number, 722 S Register

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: John A. Kriss

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Mary Walton

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Kriss

(Address) 722 S Register

Filed 9/14 1908

HARRY S. ANDREWS, DEPUTY CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11 1908 to Sept. 23 1908

that I last saw her alive on Sept 23 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Diarrhoea

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John A. Rehberger M. D.

Address #1709 Alice Anne St.

Date Sept 23 1908

Place of Burial 5th Reformed Cem

Date Sept 24th 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15861 Registered No. B ..... C15861

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1820 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. Buschman

{Residence, if in Baltimore, Give Street and Number.} 1820 E. Pratt st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 6 1908

AGE ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER August Buschman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mamie Pierce

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mamie Buschman

Address 1820 E. Pratt st.

Filed 9/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 23 1908 that I last saw h-- alive on Sept 23 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Gastro Enteric infection~~

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) Gastro Enteric infection (DURATION) ..... DAYS

(Signed) Albertus Collins M.D.

Address 1828 E. Baltimore

Date Sept. 23 1908

Place of Burial Holy Redeemer

Date Sept 24 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C15862 — Registered No. B C15862

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3014 E. Balto St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Ryan

{Residence, if in Baltimore, Give Street and Number.} 3014 E. Balto St

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH Sept 21 / 1905

AGE ..... years, ..... months, 1 1/2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Daniel Ryan

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Theresa Becker

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Ryan

(Address) 3014 E Balto St.

Filed 9/24 1908

HARRY C. ANDREAE, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 / 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 22 1908

that I last saw h.. alive on Sept 22 1908, and that death occurred, on the date stated above, at 6.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (DURATION) 1/2 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) J. T. Roche M.D.

Address 1902 E. Balto St

Date Sept 22 1908.

Place of Burial St Patricks Cem.

Date Sept. 24th 1908

Undertaker Jno. A. Moran

Address Bank & Hamilton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 15863

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Locka Walls

Residence, Give Street and Number, .....

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR B.

DATE OF BIRTH —

AGE 88 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 9/24 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Illness 1908 to Sept 23 1908

that I last saw h e alive on Sept 23 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Collapse —

— (DURATION) ..... DAYS

Contributory (Primary) Intestinal Obstruction (DURATION) ..... DAYS

(Signed) W. O. Eaton M. D.

Address Bay View Hosp

Date Sept 23 1908

Place of Burial Sacred Heart

Date Sept. 24" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — C15864 — Registered No. B C15864

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 Adams St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angusta C. Tiech

{Residence, if in Baltimore, Give Street and Number.} 1233 Adams St

Duration of Residence in Baltimore. 65 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 18 1828

AGE: 80 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robt. Tiech

(Address) 1233 Adams St

Filed 9/24 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1908 to Sept 22nd 1908

that I last saw her alive on Sept 20th 1908,

and that death occurred, on the date stated above, at 4 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Stoner M.D.

Address 1501 E. Eager St

Date Sept 22nd 1908

Place of Burial Balto Cem

Date 9/24/08 190

Undertaker J. Henry's Son

Address 1708 Adams St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C15865 Registered No. B C15865

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Schemming

{ Residence, if in Baltimore, Give Street and Number. } 116 11th St Arlington Md

Duration of Residence in Baltimore. — Schemming

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 2nd 1879

AGE 29 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Faulstich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schemming

(Address) 116 - N. 11th St.

Filed 9/24 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 23 1908 that I last saw h[illegible] alive on Sep 23 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid

— (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) N. E. Wilkinson M.D.

Address St Josephs Hospital

Date 9-23-08 1908

Place of Burial Sacred Heart Cem

Date 9/26/08 1908

Undertaker Henrig Son

Address 208 S Eleano St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C15866

C15866

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 3031 O. Donnell St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margaret M. Brune

{ Residence, if in Baltimore, Give Street and Number. } 3031 O Donnell St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 2nd 1906

AGE 2 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Francis L. Brune

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Marion V. Horney

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis L. Brune.

(Address) 3031 O Donnell St

Filed 9/24 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1908 to Sept. 24 1908 that I last saw her alive on Sept. 23 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 11 DAYS

Contributory (Primary.) Dysentery (DURATION) 2 DAYS

(Signed) Wm. J. McAvoy M.D.

Address 239 S. Carlton St

Date Sept. 24 1908

Place of Burial New Cathedral Cemetery

Date SEP 24 1908 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 015867

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 708 Ensor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Kennard

Residence, Give Street and Number, 708 Ensor Street

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1853 Jan 1 17

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Va. Goochland

FULL NAME OF FATHER: Richard Taylor

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Jennie Harrison

BIRTHPLACE OF MOTHER (State or county): Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Self

(Address) 708 Ensor

Filed 9/27 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 21 1908

that I last saw her alive on Sept 21 1908

and that death occurred, on the date stated above, at 3.50

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) DAYS

Contributory (Primary) Heart Failure

(DURATION) 6 DAYS

(Signed) C. H. Stocker M. D.

Address 712 S. Sharp Street

Date Sept 22 1908

Place of Burial Laurel Cem.

Date Sept 24 1908

Undertaker R. C. Elliott

Address 506 Myrtle Ave

Remarks

Ward 7 C15868 Registered No. B C15868

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 Scott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Larmer

{ Residence, if in Baltimore, Give Street and Number. } 1205 Scott St

Duration of Residence in Baltimore. Five 9 Years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | March 12th 1868 |
| AGE | 40 years, 6 months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Lancaster Pa |
| FULL NAME OF FATHER | Josph. Larmer |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Maggie Beaman |
| BIRTHPLACE OF MOTHER (State or country) | Lancaster Pa |
| OCCUPATION OF DECEASED | Boss |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schieb

(Address) 1221 Scott st

Filed 9/24 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to Sept 22 1908 that I last saw him alive on Sept 22 1908, and that death occurred, on the date stated above, at 6.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Bright's Disease

(DURATION) 6 mos DAYS

(Signed) Walter A Coe M.D.

Address 54 Fulton Ave

Date Sept 23 1908

Place of Burial Loudon Park Cemetery

Date Sept 26th 1908

Undertaker H. C. Brannigan Son

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C15869 Registered No. B C15869

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2107 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name David D. Chase

{Residence, if in Baltimore, Give Street and Number.} 2107 Druid Hill Av.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't Know 1

AGE 52 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Chase

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bentz

(Address) 1107 Druid Hill Ave

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908.

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to Sept 22 1908 that I last saw him alive on Sept 22 1908, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Liver (DURATION) 2 Years

Contributory (Primary.) Carcinoma of Liver (DURATION) 2 Yrs DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Balto Sept 23 1908.

Place of Burial Lemuel Cemetery

Date Sept 25 1908

Undertaker J. A. Bentz

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15870 Registered No. B C15870

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1514 Pennsylvania Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles A. Monahan

{Residence, if in Baltimore, Give Street and Number.} 1514 Pennsylvania Ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | June 13 1874 |
| AGE | 34 years, 3 months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Balto. Md |
| FULL NAME OF FATHER | Arthur J. Monahan |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Rosetta McKenna |
| BIRTHPLACE OF MOTHER (State or country) | Balto. Md. |
| OCCUPATION OF DECEASED | Driver |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Monahan

(Address) 211 W. Mulberry

Filed 9/24 1908 HARRY C. ANDREWS, VITAL STATISTICS CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 22 1908

that I last saw h-- alive on Sept 22 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Intoxication

Dropsy

(DURATION) 1 day

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno E Thompson M.D.

Address 1211 E Fayette

Date Sept 22 1908

Place of Burial Cathedral Bonnie Brae Cemetery

Date Sept. 25th 1908

Undertaker James Dignan & Sons

Address 959 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C15871

Registered No. C C15871

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Aliceanna St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Kwiatanowski.

Residence, Give Street and Number, 1905 Aliceanna St.

Duration of Residence in Baltimore, 6 mo.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: W. Wite

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Joseph Kwiatanowski

BIRTHPLACE OF FATHER (State or county): Russia Poland

MAIDEN NAME OF MOTHER: Stanislawa Nowacka.

BIRTHPLACE OF MOTHER (State or county): German Poland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislawa Kwiatanowski

(Address) 1905 Aliceanna St

Filed 9/27 1908

HARRY C. ANDREWS, DEPUTY CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 23-08 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1908 to Sept 23d 1908

that I last saw h[illegible] alive on Sept 18 1908

and that death occurred, on the date stated above, at 5-30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia.

(DURATION) DAYS

Contributory (Primary) Gastro Enteritis.

(DURATION) DAYS

(Signed) R. Schofield M. D.

Address Christ church Hosp.

Date Sept 24th 1908

Place of Burial St Stanislaus.

Date Thursday Sept 24th 1908

Undertaker W. J. Sadowski

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C15872 Registered No. B C15872

# CERTIFICATE OF DEATH. 113

(Place of Death.) No. Franklin Square Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John L. Kidwell

{Residence, if in Baltimore, Give Street and Number.} 1323 Bayard St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 3 1881

AGE: 27 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John L. Kidwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah J. Fantz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Geo. Saerdens

(Address) 217 S. Pace

Filed 9/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 24 1908 that I last saw him alive on Sept 24 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) 14 DAYS

Contributory (Primary.) Operation for chronic lithiasis (DURATION) 22 DAYS

(Signed) Capt. Duffy M.D.

Address Franklin Square Hosp

Date Sept. 24 1908

Place of Burial Mt Olivet

Date Sept 27 1908

Undertaker Jos. Saerdens, Son

Address 217 S. Pace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C15873 Registered No. B C15873

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hyacinth Atkinson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR Black. |
| DATE OF BIRTH | 1 |
| AGE ..... years, 1 months, ~~11~~ days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | City |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept. 23 1908 that I last saw her alive on Sept. 23 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 42 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Sept 23 1908

Place of Burial Cathedral Cemetery

Date Sept 24th 1908

Undertaker Philip B Pye

Address 1126 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 15874

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1341 Garrett Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Klein

Residence, Give Street and Number, 1341 Garrett Av

Duration of Residence in Baltimore, always

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 9th 1908

AGE: - years, 1 months, 14 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Peter Klein

BIRTHPLACE OF FATHER (State or county): Hungary

MAIDEN NAME OF MOTHER: Anna Nix

BIRTHPLACE OF MOTHER (State or county): Hungary

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Klein

(Address) 1341 Garrett Av

Filed 9/24 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: September 23d 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Sept 22d 1908

that I last saw him alive on Sept 22d 1908

and that death occurred, on the date stated above, at 10.30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Congenital debility (DURATION) 45 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) S K-ahn M. D.

Address 1510 E. Fort Av

Date Sept 23d 1908

Place of Burial Holy Cross R C Co.

Date Sept 24 1908

Undertaker Jos. Hunterfeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 4 C15875 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Louisiana av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josie Lamartina

{Residence, if in Baltimore, Give Street and Number.} 610 Louisiana av

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5 1908

AGE: years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Erasmo Lamartino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Anna Gerici

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Erasmo Lamartino

(Address) 610 Louisiana av

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 24 1908 that I last saw h in alive on Sept 24 1908 and that death occurred, on the date stated above, at 11 ? M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis

(DURATION) 4 DAYS

Contributory (Primary) Typhoid

Bronchitis (DURATION) 2 Wks

(Signed) John E Huck M.D.

Address 647 N Lafayette av

Date Sept 24 1908

Place of Burial Cathedral Cemetery

Date Sept 24 1908

Undertaker Albert L Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

DETACH ALONG BLACK LINES. DO NOT FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY THE PHYSICIAN WILL FILL

Ward 6 C15876 Registered No. B C15876

# CERTIFICATE OF DEATH.

24

(Place of Death.) No. 1727 Jefferson St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name William H Ashurn

{Residence, if in Baltimore, Give Street and Number.} 1727 Jefferson st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH June 22 1856

AGE 52 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Ashurn

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Jane M Nicols

BIRTHPLACE OF MOTHER (State or country) Conn.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Indiana Ashurn

(Address) 1727 Jefferson st

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1908

I HEREBY CERTIFY, That I attended deceased from March 31 1908 to Sept 21 1908 that I last saw h in alive on Sept 21 1908 and that death occurred, on the date stated above, at 945 P M. CAUSE OF DEATH (Secondary or Immediate)

Diffuse tuberculosis

(DURATION) 174 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 1020 E Baltimore St

Date Sept 24 1908

Place of Burial Loudon Park Cemetery

Date Sept 26 1908

Undertaker Allard & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15877

Ward 5 C15877 Registered No. B

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. Windsor ave & 12th st. Walbrook St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name A. Parlett Lloyd

{ Residence, if in Baltimore, Give Street and Number. } Windsor ave & 12th street

Duration of Residence in Baltimore. all life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: January 6th 1862

AGE: 46 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Henry Lloyd

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Eugenia MacDonald

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry L. Lloyd

(Address) Windsor ave & 12th st

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 23rd. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 23 1908 that I last saw him alive on Sept 22 1908 and that death occurred, on the date stated above, at 7.a. m. CAUSE OF DEATH (Secondary or Immediate

Paralysis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. C. Clark M.D.

Address 1701 Madeson Ave

Date Sept 23rd. 1908

Place of Burial Loudon Park Cemetery

Date September 25th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15878 Registered No. B C15878

80

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 Bolton St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary J. Marriott.

{Residence, if in Baltimore, Give Street and Number.} 1912 Bolton St.

Duration of Residence in Baltimore. 67 Years -

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female - COLOR White

DATE OF BIRTH June - 6th 1841

AGE 67 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md -

FULL NAME OF FATHER Wm. D. Grim

BIRTHPLACE OF FATHER (State or country) Maryland -

MAIDEN NAME OF MOTHER Priscilla Freeman

BIRTHPLACE OF MOTHER (State or country) Maryland -

OCCUPATION OF DECEASED None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Marriott 1210 (Address) Stricker & Prentiss

Filed 9/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 - 1908

I HEREBY CERTIFY, That I attended deceased from only on Sept 23 1908 to Sept 23 1908 that I last saw h[illegible] alive on Sept 23 1908 and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate

Angina Pectoris

(DURATION) DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) DAYS

(Signed) Wm Lorr M.D

Address 836 W. North Ave

Date Sept 24 1908

Place of Burial Leader Park

Date Sept 25th 1908

Undertaker W. M. Gauthier

Address Pratt & Lindsay Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15879 Registered No. B C15879

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 523 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie C Brown

{Residence, if in Baltimore, Give Street and Number.} 523 E Clement St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH February 4 1908

AGE — years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William H. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Annie K Smith

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie K. Brown Mother

(Address) 523 E Clement St

Filed 9/25 1908 HARRY C. ANDREWS, DEPUTY CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23. 1908.

I HEREBY CERTIFY, That I attended deceased from September 2 1908 to Sept 23 1908 that I last saw her alive on Sept 23 1908. and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.)

Marasmus (DURATION) 1 Mo. DAYS.

(Signed) Otto M Reinhardt M.D.

Address 1017 S Charles St

Date Sept 24 1908

Place of Burial Cedar Hill Cemetary

Date September 25 1908

Undertaker Edward L. Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22

HEALTH DEPARTMENT, City of Baltimore.

C15880

Registered No. C 15880

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 661 Portland St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret S Steinkis

Residence, Give Street and Number, 661 Portland St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH ..... 1 .....

AGE 9 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Casimer Steinkis

BIRTHPLACE OF FATHER (State or couuty) Russia

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Casimer Steinkis

(Address) 661 Portland

Filed 9/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 W Lafayette ave

Date Sept 26 1908

Place of Burial Holy Redeemer

Date Sept 26 1908

Undertaker H. S. Frush

Address 2113 N Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15881 Registered No. B C15881

134

# CERTIFICATE OF DEATH.

(Place of Death.) No. 26 W. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Voitokitis

{ Residence, if in Baltimore, Give Street and Number. } 26 W. Pratt St.

Duration of Residence in Baltimore. 3 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | Jan 2" 1886 |
| AGE | 22 years, ..... months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Russia |
| FULL NAME OF FATHER | Anton Galkiter |
| BIRTHPLACE OF FATHER (State or country) | Russia |
| MAIDEN NAME OF MOTHER | Lizzie Galkites |
| BIRTHPLACE OF MOTHER (State or country) | Russia |
| OCCUPATION OF DECEASED | House Wife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles Voitokitis

(Address) 26 W Pratt St

Filed 9/25 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 8.15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary) Abortion

Induced by himself (DURATION) ..... DAYS

(Signed) W. D. Rilee Turner M.D.

Address 1639 Broadway

Date Sept 23 1908

Place of Burial Holy Redeemer

Date Sept 26 1908

Undertaker H. S. Frantz

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15882 Registered No. B ..... 41

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Solomon Clark

{Residence, if in Baltimore, Give Street and Number.} 809 Fresson St.

Duration of Residence in Baltimore. 27 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hartford Co Md

FULL NAME OF FATHER Do Unknown

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Clark

(Address) 809 Fresson St

Filed 9/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Sept. 22 1908 that I last saw him alive on Sept. 22 1908, and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion ..... (DURATION) ..... DAYS

Con'tributory (Primary) Inoperable Sarcoma intestines (DURATION) ..... DAYS

(Signed) Wm Schmitz M.D.

Address City Hospital

Date Sept. 22 1908

Place of Burial Mt Auburn

Date Sept 25 1908

Undertaker Alex Hergesheimer

Address 578 Whicheller St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15883 Registered No. B C15883

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. St. Jos. Hosp. Caroline & Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name A. Theresa Cavanagh.

{Residence, if in Baltimore, Give Street and Number.} York Road & Hutchins ave. Govans, Md

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29. 1875.

AGE 32 years, 9 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt. City

FULL NAME OF FATHER James McKee

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Sarah Hoy.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. P. Cavanagh

(Address) Govanstown Md

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Sept 25 1908. that I last saw h er alive on Sept 25 1908., and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated femoral hernia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A Coughlin M.D.

Address St. Jos. Hosp.

Date Sept 25- 1908.

Place of Burial Cathedral Cemetery

Date Sept 28th 1908

Undertaker Henry W. Means & Son

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C15884 Registered No. B C15884

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. C. Martin

{Residence, if in Baltimore, Give Street and Number.} 1536 Burrough's St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 31 1902

AGE: 5 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Martin

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lottie Geisler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. C. Martin

(Address) 1536 Burrough St.

Filed 9/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Ex Rancher

..... (DURATION) ..... DAYS

Con'tributory (Primary) Scalled by acid

Explo of whiskey 00. (DURATION) 5 DAYS

(Signed) Wm Baetzman M.D.

Address 700 N Lafayette Ave

Date Sept. 23 1908

Place of Burial Cedar Hill

Date Sept 26th 1908

Undertaker Jos. Stanton & Co.

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 C15885 Registered No. B C15885

# CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1610 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Floyd.

{ Residence, if in Baltimore, Give Street and Number. } 1610 Presstman St.

Duration of Residence in Baltimore. 3 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored.

DATE OF BIRTH 1883

AGE 25 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Floyd.

(Address) 1610 Presstman St.

Filed 9/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept- 15 1908 to Sept- 15 1908 that I last saw her alive on Sept- 23 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 6 8 DAYS

Contributory (Primary.)

asphyxia (DURATION) 1 DAYS

(Signed) T. E. Daugherty M.D.

Address 1442 Presstman St.

Date Sept- 24 1908

Place of Burial Mount Zion

Date Sept 25 1908

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C15886 — Registered No. B C15886

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoepathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Charles Conley.

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. 10 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Sept- 14 1908

AGE — years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas. E Conley.

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Viola Noisette

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Noisette

(Address) 208½ W Biddle

Filed 9/25 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23" 1908

I HEREBY CERTIFY, That I attended deceased from Sept- 14" 1908 to Sept. 23" 1908 that I last saw him alive on Sept. 23" 1908, and that death occurred, on the date stated above, at 11 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition.

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Sept- 24" 1908

Place of Burial New Cathedral Cem

Date Sept 25 1908

Undertaker Jos K Leach

Address 1009 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

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## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15887

Registered No. B.....

City of Baltimore, (No. 1505 Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrance J. Blume

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept 3 1908 (Month) (Day) (Year) |
| AGE | — years, — months, 3 weeks days |
| SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ | S |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | John Blume |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Dora Vorrath |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 175 Calhoun St

Filed 9/25 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Sept 25 1908 that I last saw him alive on Sept 24 1908, and that death occurred, on the date stated above, at 12:20 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) DAYS

Contributory Pemphigus

(DURATION) DAYS

(Signed) Fredk J Dalbaus M. D.

Sept 25 1908 (Address) 2501 E. Fairmount

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | Sept 25 1908 |
| UNDERTAKER | ADDRESS |
| Robt Brookes Son | 175 Calhoun |

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the *cause and date of death.*

Ward 4. C15888 Registered No. B C15888

# CERTIFICATE OF DEATH.

(Place of Death.) No. 230 N. Howard. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin Z. Ireland.

{ Residence, if in Baltimore, Give Street and Number. } 230 N. Howard

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Sept. 12 1880

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Columbus W. Ireland.

BIRTHPLACE OF FATHER (State or country): Calvert, Co.

MAIDEN NAME OF MOTHER: Julia A. Haasman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Haasman

(Address) 1210 Bolton St.

Filed 9/25 1908 HARRY G. ANDREWS, DEPUTY CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1908 to Sept. 25 1908

that I last saw him alive on Sept 24 1908

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Harold C Blake M.D.

Address 1014. W. LaFayette

Date Sept. 25. 1908

Place of Burial London Park.

Date Sunday Sept 27. 1908.

Undertaker Geo. A. Smyth, Co.

Address 1008 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C15889 Registered No. B C15889

# CERTIFICATE OF DEATH.

34

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Palmer

{ Residence, if in Baltimore, Give Street and Number. } 1217 N. Caroline St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 17 1875

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas G Palmer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Mitting

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Solicitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maud B. Palmer

(Address) 1217 N Caroline

Filed 9/25 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24, 1908.

I HEREBY CERTIFY, That I attended deceased from July 30, 1908 to Sept. 24, 1908 that I last saw h im alive on Sept. 24 1908, and that death occurred, on the date stated above, at 12 40 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

6 Months (DURATION) DAYS

Contributory (Primary.) General tuberculosis

(DURATION) DAYS

(Signed) Benjamin Wood, Jr. M.D.

Address Union Protestant Inf.

Date September 24, 1908.

Place of Burial Baltimore Cemetery

Date September 26 1908

Undertaker Robt J. Turner

Address 1442 N Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C15890 Registered No. B C15890

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 616 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antoni Cilwik

{ Residence, if in Baltimore, Give Street and Number. } # 616 S. Washington St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph. Cilwik.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Michaelina Rataczjak.

BIRTHPLACE OF MOTHER (State or country): German Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michaelina Cilwik.

(Address) 616 S. Washington St

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25th, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1908 to Sept. 25 1908 that I last saw h.em alive on Sept 24 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Sept. 25 1908

Place of Burial St Stanislaus.

Date Friday Sept. 25" 1908

Undertaker M. F. Sudowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

**HEALTH DEPARTMENT, City of Baltimore.**

Registered No. C 15891

155

# CERTIFICATE OF DEATH.

(Place of Death.) No. Mercy th Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Mallowes

Residence, Give Street and Number, 8 26 Baker Court

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| F | W |

DATE OF BIRTH ..... 1 .....

AGE 17 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Thos Tapell

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Elzabeth Tapell

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Fields

(Address) 120 N. Lombard

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Carbolic Acid poison

Suicide

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Walsh M. D.

Address Coroner

Date Sept 25 1908

Place of Burial St Peters ✓

Date Sept 25th 1908

Undertaker John B Fields

Address 120 N. Lombard

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward ..... Registered No. C ..... 19

# CERTIFICATE OF DEATH.

C15892

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerry Weatherby

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH —

AGE 63 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M —

BIRTHPLACE (State or county) N.J.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/25 1908

HARRY O. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Sept 24 1908 that I last saw h alive on Sept 24 1908 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Heart Disease

(DURATION) — DAYS

(Signed) W W Eaker M. D.

Address Bay View Hosp.

Date Sept 24 1908

Place of Burial Loudon Park

Date Sept. 26 1908

Undertaker E M Mitchell

Address 1201 N Fayette st

Remarks .....

Ward 7 C15893 Registered No. B C15893

# CERTIFICATE OF DEATH.

(Place of Death.) No. 707 N. Duncan Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruzena Konicek

{ Residence, if in Baltimore, Give Street and Number. } 707 N. Duncan Al.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Josef Konicek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Elizabeth Vavra

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Konicek

(Address) 707 N. Duncan al

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Sept 24 1908 that I last saw h 24 alive on 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 36 hours

Contributory (Primary.) Cardiac Failure (DURATION) DAYS

(Signed) W. J. Kyser M.D.

Address 2015 Eastern Ave

Date Sept 25 1908

Place of Burial Bath Hill

Date Sept 25 1908

Undertaker Frank E. Cochran

Address 1914 Eastern Ave

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24 — C15894 — Registered No. B C15894

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1643 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Hoh

{ Residence, if in Baltimore, Give Street and Number. } 1643 Thames St

Duration of Residence in Baltimore. 20 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 22nd 1866

AGE: 42 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schornstein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliz. Haftlitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoh

(Address) 1643 Thames St.

Filed 9/25 1908

Registrar HARRY C. ANDREWS. PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 23, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1908 to Sept 23 1908

that I last saw h[er] alive on Sept 22 1908,

and that death occurred, on the date stated above, at 2.30

As, M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

about (DURATION) two mo. DAYS

Contributory (Primary.)

Nephritis about (DURATION) 1 year DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date Sept 24 1908

Place of Burial 1st Evangelical Lmes

Date Sep. 25th 1908

Undertaker H. Sander's Sons

Address 1710 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 015895

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 Eastern Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. Gerrman

Residence, Give Street and Number, 1803 Eastern Ave

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: June 12th 1907

AGE: 1 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Andrew Gerrman

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Bessie Pedvin

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Gerrman

(Address) 1803 Eastern Ave

Filed 9/25 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 24th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1908 to Sept 24th 1908

that I last saw him alive on Sept 23 1908

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) DAYS

Contributory (Primary) Gastro Enteritis (DURATION) 14 DAYS

(Signed) C. N. Athey M. D.

Address 2200 Hudson

Date Sept 24th 1908

Place of Burial Mt Carmel

Date Sept. 25th 1908

Undertaker H. Sander & Sons

Address 1710 Eastern Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 13896

# CERTIFICATE OF DEATH.

(Place of Death.) No. 413 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emanuel Meek

{ Residence, if in Baltimore, Give Street and Number. } # 413 S. Regester St.

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25 1888

AGE 20 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Meek.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Kane

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Meek.

(Address) 413 S. Regester St

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 27 1908 to Sept. 23 1908

that I last saw him alive on Sept. 23 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Sept. 24 1908.

Place of Burial St. Matthews Cem.

Date Sept. 27th 1908

Undertaker H. Sander & Sons

Address 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C15897 Registered No. C C15897

# CERTIFICATE OF DEATH.

(Place of Death.) No. 412 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas F. Cardwell

Residence, Give Street and Number, 412 E. Eager St

Duration of Residence in Baltimore, 10 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH June 18 1878

AGE 30 years, 3 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Co Md

FULL NAME OF FATHER Francis Cardwell

BIRTHPLACE OF FATHER (State or couuty) Ireland

MAIDEN NAME OF MOTHER Jane Dillworth

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 412 E. Eager St

Filed 9/25 1908 HARRY C. ANDREWS, DEPUTY CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Sept 20 1908 that I last saw h— alive on Sept 20 1908 and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 20 DAYS

Contributory (Primary) Septicaemia

(DURATION) 2 DAYS

(Signed) James M Fenton M. D.

Address 1102 E Chase St

Date Sept 24 1908

Place of Burial Cathedral

Date Sept 25 1908

Undertaker H. C. Niedefeldt

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15898 **HEALTH DEPARTMENT, City of Baltimore.**

Ward

Registered No. C 15898

# CERTIFICATE OF DEATH.

C15898 27

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L Hall.

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | M |
| COLOR | W. |
| DATE OF BIRTH | 1 |
| AGE | 61 years, months, days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | S. |
| BIRTHPLACE (State or county) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or county) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or county) | — |
| OCCUPATION OF DECEASED | Painter |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/25 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Sept 24 1908

that I last saw him alive on Sept 24 1908

and that death occurred, on the date stated above, at 6.45

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia —

(DURATION) — DAYS

Contributory (Primary) —

Arteriosclerosis (DURATION) — DAYS

(Signed) W. H. Sahm M. D.

Address Bay View Hospital

Date Sept 24 1908

Place of Burial St. Peters Cemetery

Date Sept. 25th 1908

Undertaker Henry Hock Sons

Address 1301 E Eager St.

Remarks

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

# CERTIFICATE OF DEATH.

Registered No. B C15899

City of Baltimore, (No. 712½ W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma C. Jasper

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored.

DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

AGE: 23 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Jasper.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hannah

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Jasper

(Address) 712½ W. Franklin st.

Filed 9/25 1908

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 1907 to Sept 24 1908 that I last saw her alive on Sept 23 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

About 18 months (DURATION) ..... DAYS

Contributory Asthenia

Several weeks (DURATION) ..... DAYS

(Signed) E. K. Ballard M. D.

Sept 24 1908 (Address) 162 N. Mt. Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: Sept. 26th 1908

UNDERTAKER: Felix B. Pye

ADDRESS: 1026 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

C15900 Registered No. B C15900

# CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1819 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Burns

{Residence, if in Baltimore, Give Street and Number.} 1819 W Saratoga.

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: ... 1 ...

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Bussey.

(Address) 1819 W Saratoga St

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 23 1908 that I last saw her alive on Sept 23 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Asthma and Dropsy

(DURATION) DAYS

Contributory (Primary.) Asthma

(DURATION) DAYS

(Signed) H. McCurdy, M.D.

Address 1803 W. Saratoga St.

Date Sept 24 1908

Place of Burial Loudon Park

Date Sept. 26/08 1908

Undertaker Woodcock

Address 502 E. Hartford

WM. J. C. DULANY CO., REGISTERS.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15901 Registered No. B C15901

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 909 East Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Schmidt

{Residence, if in Baltimore, Give Street and Number.} 909 East Chase St.

Duration of Residence in Baltimore. 54 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 11th 1845

AGE 63 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andreas Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schmidt, jr.

(Address) 909 E. Chase St.

Filed 9/25 1908 HARRY C. ANDREWS. PERRIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24th 1908.

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to Sept. 24 1908.

that I last saw him alive on Sept. 24 1908.,

and that death occurred, on the date stated above, at 10.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral haemorrhage "apoplexy"

(DURATION) 2 hrs DAYS

Contributory (Primary.) Chronic interstitial nephritis (DURATION) 5 mos DAYS

(Signed) J. Hempel, M.D.

Address 1103 Valley St.

Date Balto. Sept. 27th 1908.

Place of Burial Mount Carmel Cem.

Date Sept 27 190

Undertaker Louis Hemmann

Address 324 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15902 Registered No. B C15902

121

# CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Wolf St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hartje,

{Residence, if in Baltimore, Give Street and Number.} 533 N. Wolf St.

Duration of Residence in Baltimore. About 40 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 3rd 1843

AGE: 65 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Carl C. W. Hartje.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Amelia Schlemme.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Hartje

(Address) 116 N. Laynore St.

Filed 9/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24th 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 23 1908 that I last saw him alive on Sept 23 1908 and that death occurred, on the date stated above, at 1-25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia result of disease Kidney & bladder, prostatitis &c.

(DURATION) DAYS

Con'tributory (Primary.) Probably Renal Calculus in left kidney (DURATION) DAYS

(Signed) D. W. Cathell M.D.

Address 1306 N. Charles St.

Date September 24th 1908

Place of Burial Mount Carmel Cemetery

Date Sept 27 1908

Undertaker Louis Hermann

Address 32 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C1595 ..... Registered No. B .....

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 322 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cummin Patrick Flaherty

{ Residence, if in Baltimore, Give Street and Number. } 322 So. Madeira

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 2nd 1907

AGE ..... years, 11 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Patrick J. Flaherty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary E Donohue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick J. Flaherty

(Address) 322 S. Madeira St

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Sept 23 1908 that I last saw h[illegible] alive on Sept 23 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion (DURATION) 1 DAYS

Contributory (Primary.)

Enteritis (DURATION) 3 DAYS

(Signed) H. L. Tumbleson M.D.

Address 2013 Banks st

Date Sept 24th 1908

Place of Burial Holy Cross Cem.

Date Sept 26th 1908

Undertaker Thos. A. Moran

Address 1 E Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7

Registered No. C C15904

20

# CERTIFICATE OF DEATH.

(Place of Death.) No. 737 Ramsey St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura V. Bowen,

Residence, Give Street and Number, 737 Ramsey St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female. | White |

DATE OF BIRTH January 29 1859.

AGE 49 years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER John Gerbig -

BIRTHPLACE OF FATHER (State or county) Baltimore -

MAIDEN NAME OF MOTHER Mary Moltz

BIRTHPLACE OF MOTHER (State or county) Pensylvania

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Virgie Brown

(Address) #737. Ramsey St.

Filed 9/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Septr. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Septr 14, 1908 to Septr. 23 1908

that I last saw her alive on Septr 23 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Septicaemia

(DURATION) 10 DAYS

Contributory (Primary) Secretion of Ferment from decomposing (DURATION) DAYS.

(Signed) Silas Baldwin M. D.

Address 700 Lafayette

Date Septr. 24th 1908

Place of Burial Mt Olivet Cem

Date Sept 26th 1908

Undertaker Daniel and M. G. Flynn,

Address 42 East West Street -

Remarks

Ward 27. C15905 Registered No. B C15905

# CERTIFICATE OF DEATH. 14

(Place of Death.) No. 524 Burgundy Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmonia Bell

{Residence, if in Baltimore, Give Street and Number.} 624 Burgundy Al

Duration of Residence in Baltimore. 25 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1868.

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bell dy

(Address) 524 Burgundy Al

Filed 9/25 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 24th 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Sept 24 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 1030 A. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of Brain

(DURATION) 2½ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Mackall, M.D.

Address 507 S. Paca St

Date Sept 24 1908

Place of Burial Mt Auburn Cem

Date Sept 26 1908

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

# CERTIFICATE OF DEATH.

C15906

Registered No. B .....

City of Baltimore, (No. 2 Kennedy Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel E. Sheahan

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Dec (Month) 24 (Day) 183 3 (Year)

AGE: 74 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Sheahan

BIRTHPLACE OF FATHER (State or country): Irelgnd

MAIDEN NAME OF MOTHER: Jot Brown

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sheahan

(Address) 2 Kennedy Ave.

Filed 9/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Sept 24 1908 that I last saw h im alive on Sept 23 1908, and that death occurred, on the date stated above, at 12.15 P. M. The CAUSE OF DEATH was as follows:

Paralysis and Enlargement of Heart

(DURATION) ..... DAYS

Contributory Old age and Heart failure (DURATION) 10 DAYS

(Signed) Edmund Gibbs M. D.

Sept 25 1908 (Address) 316 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Sept 26 1908

UNDERTAKER: C. G. Speidfield

ADDRESS: 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 15907

# CERTIFICATE OF DEATH.

15

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence J Mitchell

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH Sept. 6 1908

AGE ..... years, ..... months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or couuty)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address) .....

Filed 9/25 1908

HENRY G. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept 23 1908

that I last saw h im alive on ..... 1908

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E McHenry M. D.

Address 1235 N Caroline

Date Sept. 24 1908

Place of Burial New Cathedral

Date Sept. 26 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C158908

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elanore Jane Bride

Residence, Give Street and Number,

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH April 24 1908

AGE ..... years, 5 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 9/25 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 23 1908

that I last saw her alive on ..... 1908

and that death occurred, on the date stated above, at 4

D M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E Mc Keaveran M. D.

Address 1235 N Caroline St

Date Sept. 24 1908

Place of Burial Green Cathedral

Date Sept 25 1908

Undertaker Masters Tracey & Son

Address 606 E Lexington St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 15909

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Saville

Residence, Give Street and Number, St Vincents Infant Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR Dk

DATE OF BIRTH July 7 1908

AGE 2 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy.

(Address)

Filed 9/25 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 22 1908

that I last saw him alive on ... 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Mc Mayaran M. D.

Address 1230 N Carlin

Date Sept. 24 1908

Place of Burial Mount Olivet Cemetery

Date Sept. 25 1908

Undertaker Martin Fahy & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C15910 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 403 N. Carrollton Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H. Hammond,

{Residence, if in Baltimore, Give Street and Number.} 403 N. Carrollton Av.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 9th 1854

AGE: 54 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Hammond

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Zulauf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hammond

(Address) 403 N. Carrollton

Filed 9/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1908 to Sep. 23rd 1908 that I last saw him alive on Sep 22nd 1908 and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene, of the right foot.

(DURATION) 33 DAYS

Contributory (Primary)

Diabetes Mellitus (DURATION) — DAYS

(Signed) Charles Gelb, M.D.

Address 1111 W. Lanvale St

Date Sep 23rd 1908

Place of Burial Lorraine Cemy.

Date Sept. 25 1908

Undertaker Ell. Mitchell & Co.

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 17 — Registered No. B C15911

C15911

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2018 Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Thoma

{Residence, if in Baltimore, Give Street and Number.} 2018 Fountain St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 14th 1882

AGE: 25 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Thoma

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thoma

(Address) 2018 Fountain St.

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3 1908 to Sept 24 1908

that I last saw her alive on Sept 23 1908

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) G. C. Thieme M.D.

Address 3138 E. Balto St.

Date Sept 24 1908

Place of Burial Holy Redeemer Cem.

Date Sept 26th 1908

Undertaker Tilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21st

Registered No. C 015912

# CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 2311 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winifred Kirkham

Residence, Give Street and Number, 2311 Canton Ave.

Duration of Residence in Baltimore, 55 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH ..... 1

AGE 75 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. J. Kirkham

(Address) 2311 Canton Ave.

Filed 9/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 24th. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 24 1908

that I last saw h er alive on Sept 23 1908

and that death occurred, on the date stated above, at 5.25 P M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 23 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) 23 DAYS

(Signed) G. G. Rouke M. D.

Address 200 E. Baltimore St

Date Sept 25 1908

Place of Burial New Cathedral Cem

Date Sept. 28th 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15913 Registered No. B ..... 157

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Truschke

{ Residence, if in Baltimore, Give Street and Number. } 922 S. Curley St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feb. 20 1905

AGE 3 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Frank Truschke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Lord

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Truschke

(Address) 922 S. Curley

Filed 9/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 3.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lefpi Cullen M.D.

Address Coroners Office

Date Sept 24 -- 08 190...

Place of Burial Sacred Heart Cem.

Date Sept. 26 190...

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C15914

Registered No. B C15914

33

# CERTIFICATE OF DEATH.

(Place of Death.) No 133 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H 6 Bishops

{ Residence, if in Baltimore, Give Street and Number. } 133 S. Broadway

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colute

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John G Bishops

BIRTHPLACE OF FATHER (State or country): Newhampshire

MAIDEN NAME OF MOTHER: Elizabeth Mungan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise S. Bishop

(Address) 133 S. Broadway

Filed 9/25 190 8 HARRY C. [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9. 23 1908

I HEREBY CERTIFY, That I attended deceased from 9. 2. 1908 to 9. 23. 1908 that I last saw him alive on 9. 23 1908, and that death occurred, on the date stated above, at 5 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phlebitis T. B. of Bladder.

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) D. C. Katzoff M.D.

Address 116 Hisgrath St.

Date 9. 25 1908

Place of Burial Oakland.

Date Sept 26/08 190

Undertaker Woolcock.

Address 202 E. Madison.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 015915

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 320 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert G Torney.

Residence, Give Street and Number, 320 E Hamburg St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: White

DATE OF BIRTH: October 14 1840

AGE: 57 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Carson Torney.

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or county): Dont know

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert A Torney son

(Address) 320 E Hamburg St

Filed 9/25 1908 HARRY C. [illegible] Registrar.
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 25 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate,)

Organic disease of the Heart.

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) C W Feinhardt M. D.
Coroner

Address ...

Date Sept 25 1908

Place of Burial London Park

Date Sept 27 1908

Undertaker Wm Cook.

Address 602 E North ave.

Remarks ...

Ward 7 C15916 Registered No. B C15916

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 6/0 21 Barre St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elija J. Shakespeare

{Residence, if in Baltimore, Give Street and Number.} 6/0 20 Barre St

Duration of Residence in Baltimore. 64 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH aug 3 1834

AGE 74 years, ___ months, ___ days

SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Fredbrupper

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eliza Cadger

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Shakespeare

(Address) 5 E. Montgomery St

Filed 9/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from September 13 1908 to Sept 25 1908 that I last saw h er alive on Sept 24 1908, and that death occurred, on the date stated above, at 8.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 10 DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date Sept 25 1908.

Place of Burial London Park

Date Sept 28. 1908

Undertaker Wm Cook

Address 602 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 20 C15917 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2702 Loudon ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise J Durain

{ Residence, if in Baltimore, Give Street and Number. } 2702 Loudon ave

Duration of Residence in Baltimore. 45 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2 1825

AGE: 83 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: William Hackett

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Clara C Trammel

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Effie F. Shelton

(Address) 2702 Loudon Ave

Filed 9/20 1908 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.
Old age.

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion.

(DURATION) ..... DAYS

(Signed) Hu Lent. C. Blake M.D.

Address 1014 N. La Fayette

Date Sept 25 Coroner 1908

Place of Burial Brunswick Fredericka Co ~~Sandy Bottom Cemetery~~

Date Sept 26 1908

Undertaker C Schlosman & Son

Address 1039 Hanover

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15918 Registered No. B C15918.

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. 764 George st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Gerbrick

{ Residence, if in Baltimore, Give Street and Number. } 764 George st

Duration of Residence in Baltimore. 50 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jan 18th 1815

AGE: 93 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: widower

BIRTHPLACE (State or country): Shrewsbury Pa

FULL NAME OF FATHER: Michael Gerbrick

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Rachael Low

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Allen

(Address) 764 George St

Filed 9/26 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Sept 22 1908 that I last saw h— alive on Sept 22 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

3 hours (DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. C. Powers per J.K. Sager M.D.

Address 1302 W Lombard

Date Sept 25 1908

Place of Burial Loudon Park Cem

Date September 26th 1908

Undertaker Wm Bowman

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C15919 Registered No. B C15919

# CERTIFICATE OF DEATH.

146

(Place of Death.) No. 410 Folsom st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph C Vaeth

{ Residence, if in Baltimore, Give Street and Number. } 410 Folsom st

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male | COLOR: White |
| DATE OF BIRTH: April 8 1908 | |
| AGE: ..... years, 5 months, 21 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country): Balto Md. | |
| FULL NAME OF FATHER: George D. Vaeth | |
| BIRTHPLACE OF FATHER (State or country): Balto Md. | |
| MAIDEN NAME OF MOTHER: Dortha M Kirby | |
| BIRTHPLACE OF MOTHER (State or country): Balto Md. | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George D. Vaeth.

(Address) 410 Folsom st

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 24 1908 that I last saw h alive on Sept 24 1908, and that death occurred, on the date stated above, at 7.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Rachitis
Malnutrition

(DURATION) ..... DAYS

Contributory (Primary.) Asthenia

(DURATION) ..... DAYS

(Signed) Alfred Hillman M.D.

Address 1526 N. Broadway

Date Sept 25 1908

Place of Burial Cathedral Cemetery

Date Sep 26 1908

Undertaker James L Gannon & Son

Address 719 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C15920 Registered No. B

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 701 Fourth Ave (Hamilden) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name. Maggie J. Morris,

{ Residence, if in Baltimore, Give Street and Number. } No. 701 Fourth Ave

Duration of Residence in Baltimore. 21 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25 - 1

AGE: 33 years, 5 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Alexius Morris

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lida F. Talbott

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Mill Employee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lida F. Morris

(Address) 701 - 4th Avenue

Filed 9/26 1908

HARRY C. ANDREWS.
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24th 1908

I HEREBY CERTIFY, That I attended deceased from September 1907 to September 24 1908 that I last saw h-r alive on Sept 23 1908, and that death occurred, on the date stated above, at 2.17 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 8 hrs ~~DAYS~~

Contributory (Primary) Chronic Nephritis (DURATION) 2 Yrs ~~DAYS~~

(Signed) Harry C Algire M.D.

Address 340 R Lanvale

Date Sept 25 1908

Place of Burial Woodberry M. E. Cemetery

Date Sept 27th 1908 Under direction Balto Co. Bd. H.

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C15921 Registered No. B15921

# CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1902 Etting St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary R. Nelson

{ Residence, if in Baltimore, Give Street and Number. } 1902 Etting

Duration of Residence in Baltimore. 35 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Nelson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary R. Bright

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence Collins

(Address) 1902 Etting St

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 24 1908 that I last saw h[illegible] alive on Sept 23 1908 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Haemorrhage

(DURATION) 4 DAYS

Contributory (Primary.) Arteria - Sclerosis (DURATION) 1 yr DAYS

(Signed) H S McCard M.D

Address 2005 O'Neill Ave

Date Sept 27 1908

Place of Burial Mt Auburn Cem

Date Sept 24 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15922 Registered No. B C15922

91

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ..... Ann Carr

{ Residence, if in Baltimore, Give Street and Number. } 1523 Fairmount Ave

Duration of Residence in Baltimore. 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known. 1

AGE: 58 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Carr.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Flannigan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosanna Mooney.

(Address) 1523 Fairmount a.

Filed 9/26 1908 HARRY C. ANDREWS, FIRST CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Sept 24, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1908 to Sept 24, 1908 that I last saw h[illegible] alive on Sept 24, 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

(DURATION) 24 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date Sept 26, 1908.

Place of Burial New Cathedral

Date Sep 25 1908

Undertaker E J Tarring

Address 1938 E Lafayette a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C15923 Registered No. B 61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 11 N Chester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas H Gibson Jr.

{ Residence, if in Baltimore, Give Street and Number. } 11 N Chester St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 15 1908

AGE: X years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos H Gibson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie E Tankersley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T H Gibson

(Address) 11 N Chester st

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 25 1908 that I last saw h alive on Sept 25 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 142 Patterson Pk Ave

Date Sept 25 1908

Place of Burial Beals Island Somerset Co Md

Date Sept 26 1908

Undertaker H. Allen Fallin

Address 2012 E Balt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B C15924

C15924

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 40 E. Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Guenther.

{ Residence, if in Baltimore, Give Street and Number. } 40 E. Fort ave

Duration of Residence in Baltimore. 12 yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 21, 1896

AGE 12 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt. Md

FULL NAME OF FATHER Wm H. Guenther

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emma Geisler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Guenther

(Address) 40 E. Fort ave

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Sept 23 1908 that I last saw her alive on Sept 22 1908, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis (pulmonary)

2 (DURATION) ? DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 6 ~~wks~~ DAYS

(Signed) Le. A. Lelong jr. M.D.

Address 435 E. Fort ave

Date Sept 23 1908

Place of Burial Cedar Hill

Date Sept. 26 1908

Undertaker D. Finn McCully

Address 39 E. Fort ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14E

Registered No. C 15925

# CERTIFICATE OF DEATH.

118

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Wolfe

Residence, Give Street and Number, Prince Georges, Delaware

Duration of Residence in Baltimore, One month

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 5 1869

AGE: 39 years, — months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or county): Prince Georges Del.

FULL NAME OF FATHER: Geo. W Wright

BIRTHPLACE OF FATHER (State or county): Del

MAIDEN NAME OF MOTHER: Cain

BIRTHPLACE OF MOTHER (State or county): ~~Del~~ New York

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wright

(Address) St George Del

Filed 190

HARRY O. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 25 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 23 190 8 to Sept 25 190 8

that I last saw her alive on Sept 24 190 8

and that death occurred, on the date stated above, at 7-45 A M. CAUSE OF DEATH (Secondary or Immediate,)

Embolism of Lung with Dilatation of Heart

(DURATION) 30 minutes DAYS

Contributory (Primary) Fourteen days previous Operated for Appendicitis (DURATION) — DAYS

(Signed) J. F. Shelley M. D.

Address 3849 Roland Ave

Date Sept 25 190 8.

Place of Burial Corbit St New Castle Del

Date Sept. 26 190 8

Undertaker H. S. Marshall

Address 3539 Falls Road

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C15926 Registered No. B C15926

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. 413 E. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Rossmann

{Residence, if in Baltimore, Give Street and Number.} 413 E. Smallwood St.

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH January 8th 1828

AGE 80 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Rossmann

(Address) 413 E Smallwood St

Filed 9/26 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 19th 1908 to Sept. 25 1908 that I last saw h[illegible] alive on Sept. 25 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suffered from intestinal obstruction for

(DURATION) 6 DAYS

Contributory (Primary.) infirmities of age (DURATION) DAYS

(Signed) Dr. Hennis M.D.

Address 2151 Wilkens Ave.

Date Sept. 25th 1908

Place of Burial Greenmount Cemetery

Date Sept 28 1908

Undertaker Mrs A Rohde Son

Address 730 Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PRINTED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

Ward 7 C15927 Registered No. B C15927

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# CERTIFICATE OF DEATH.

(Place of Death.) No. Dr. Fiedler's - Sellmann Sanatorium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Copenhaver (Copenhaver)

{Residence, if in Baltimore, Give Street and Number.} 11 East 21st St.

Duration of Residence in Baltimore. entire life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: September 24 1908

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas M. Copenhaver

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Davis

BIRTHPLACE OF MOTHER (State or country): W. Va.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. A. K. A. Mayer

(Address) 1618 Madison Ave

Filed 9/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from September 24 1908 to September 26 1908 that I last saw him alive on September 25 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. A. K. A. Mayer M.D.

Address 1618 Madison Ave

Date September 26 1908.

Place of Burial Baltimore Cemetery

Date Sept 26th 1908

Undertaker Chas E Franck

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15928

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1413, W Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Wilhelmina Reitz

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: Jan (Month) 18 (Day) 1845 (Year)

AGE: 63 years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelmina Reitz

BIRTHPLACE OF FATHER (State or country): German

MAIDEN NAME OF MOTHER: Sophie Kuhn

BIRTHPLACE OF MOTHER (State or country): Ger.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Reitz

(Address) 1413 W. Fayette St

Filed 9/26 1908 HARRY O. ANDREWS, PERMIT CLERK - Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Sept 4 1908

that I last saw h-er alive on Sept 4 1908,

and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Myocarditis

Death was sudden dying before her family reached her.

..... (DURATION) ..... DAYS

Contributory Rheumatism

Several year (DURATION) ..... DAYS

(Signed) John A Crane M. D.

Sept 24 1908 (Address) 101 N. Gay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: Sept 27 1908

UNDERTAKER: Chas. E. Frames | ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B C15929

City of Baltimore, (No. 1337 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary D. Matthews.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: June (Month) 26 (Day) 1869 (Year)

AGE: 39 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Aquila Matthews

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary S. Lemon

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E. Franck

(Address) 746 N Eutaw St

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 25th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 31 1908 to Sept 25 1908 that I last saw h e l alive on Sept 25 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis
and Endocarditis

Chronic Bronchitis (DURATION) 4 Yrs
Contributory Endocarditis (DURATION) 30 DAYS

(Signed) J. E. Blume M. D.

Sept 25 1908 (Address) 2526 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Sparks Stolen Balto Co Md

DATE OF BURIAL: Sept 28 1908

UNDERTAKER: Chas E. Franck

ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C15930

Registered No. B.....

City of Baltimore, (No. 3306 Walbrook Ave., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Connolly

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH March (Month) 27 (Day) 1827 (Year)

AGE 81 years, 6 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co., Md.

FULL NAME OF FATHER John Riddle

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Sarah Bosley

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss alice J Connolly

(Address) 3306 Walbrook Ave

Filed 9/26 1908 HENRY O. ANDREWS, PUBLIC CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25, (Month) (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from February 1906 to Sept. 25 1908.

that I last saw her alive on Sept. 25 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia (Cerebral Hemorrhage) - Nephritis -

(DURATION) 2 yrs 8 Mos.

Contributory Toxemia (Uremic)

(DURATION) 10 DAYS

(Signed) G. Carroll Lockard M. D.

Sept. 26 1908 (Address) 1631 W. Lafayette Ave

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Long Green Balto Co Md | Sept 28 1908 |
| UNDERTAKER | ADDRESS |
| Slade Bros & Leo | Long Green Md |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 1 — C15931 — Registered No. C C15931

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1923 E C Chase St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmett Jones

Residence, Give Street and Number, 1923 E Chase

Duration of Residence in Baltimore, 17 days.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Sept. 9 1908

AGE ~~1~~ years, ~~—~~ months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ~~Single~~ Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Wm J. Jones

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Adelaide E. Rock

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Jones

(Address) 923 E. Chase St.

Filed 9/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from 9 Sept 1908 to 26 1908

that I last saw him alive on 25 1908

and that death occurred, on the date stated above, at 4 am M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

(DURATION) 17 DAYS

Contributory (Primary) ——— (DURATION) ——— DAYS

(Signed) H J Simms M. D.

Address 1025 N Wolfe

Date Sept 26 1908

Place of Burial New Cathedral

Date Sep 27 1908

Undertaker McGinnis & Carroll

Address 1227 Mulliken

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C15932 Registered No. B .....

# CERTIFICATE OF DEATH.

151

Place of Death.) No. 618 S Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number).

Full Name Carrie Heinz

{ Residence, if in Baltimore, Give Street and Number. } 618 S Luzerne

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 24th 1905

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frederick Heinz

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret Heuer

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Heinz

(Address) 618 S. Luzerne St.

Filed 9/26 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Sept 23 1908

that I last saw h— alive on Sept 23 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) C L Long M.D.

Address 2429 Frankstown Ave

Date Sept 27 1908

Place of Burial Evangelical Cem

Date Sept. 26 1908

Undertaker H. Rauch & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 15933 Registered No. B ...

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. Clark

{ Residence, if in Baltimore, Give Street and Number. } 1423 Hull

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 7th 1863

AGE: 45 years, 3 mont's, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Morgan

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: Catherine Legg

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Clarke

(Address) 1423 Hull St

Filed 9/26 1908

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 " 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Sept 25 1908 that I last saw h er alive on Sept 24 1908, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

Following a Laparotomy

(DURATION) DAYS

Con'tributory (Primary.) (The operation was for the removal of the appendeo and ovaries and)

(DURATION) DAYS

(Signed) H. Lee Dandy M.D.

Address 1226 E. Chase St

Date Sept 27 1908

Place of Burial Lorraine Cemetery

Date Sept 27 1908

Undertaker J. Gindlesperger & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15934 Registered No. B

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 711 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R Pfeiffer

{ Residence, if in Baltimore, Give Street and Number. } 711 S Bond St

Duration of Residence in Baltimore. 25 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 5 1850

AGE 58 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Pfeiffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Bock

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Pfeiffer

(Address) 2819 Dorman Ave

Filed 9/26 1908

HARRY C. ANDREAE Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 N Greene St.

Date 190

Place of Burial Evangelical Cem

Date Sept. 27 1908

Undertaker H. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15935 Registered No. B

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 147 Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Crist

{Residence, if in Baltimore, Give Street and Number.} 147 Henrietta et

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dec 25 1907

AGE: ... years, 9 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Ewd West

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Glovinia Kellum

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ewd. West

(Address) 147 Henrietta St

Filed 9/26 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 22 1908 that I last saw h... alive on Sept 22 1908, and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

Contributory (Primary.) Cardiac failure (DURATION) 60 (?) DAYS

(DURATION) 2 or 3 DAYS

(Signed) E. D. Elles M.D.

Address 915 Light St

Date Sept 26 1908

Place of Burial Mt auburn

Date Sept 27th 1908

Undertaker B. L. Brown and Son

Address 108 W. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C15936 Registered No. B 60

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 N Chapel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William S Bladen

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 1 yr 8 mo. 19 da.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 7 1907

AGE: 1 years, ~~8~~ months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Clarence E Bladen

BIRTHPLACE OF FATHER (State or country): Kent Co Md.

MAIDEN NAME OF MOTHER: Annie R Rolph

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence E Bladen

(Address) 1710 N Chapel St

Filed 9/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1905

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1908 to Sept 25 1908 that I last saw h[illegible] alive on Sept 25 1908, and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Encephalitis

(DURATION) 6 DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) L C Shipley M.D.

Address 707 N Gilmor St

Date Sept 26 1908

Place of Burial Sudlersville Md

Date Sept 28 1908

Undertaker Robt E Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C15937

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

C15937

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 110 N. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Addie L. Cunningham

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 16 (Day) 1866 (Year)

AGE: 42 years, 1 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Foos

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Katie McKeever

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William R Cunningham

(Address) 110 S Stricker St

Filed 9/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep. (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 17 1908 to Sep. 24 1908 that I last saw h.. alive on Sep. 24 1908, and that death occurred, on the date stated above, at 1115 P. M. The CAUSE OF DEATH was as follows:

Passive Congestion of the Lungs

(DURATION) 2 DAYS

Contributory Organic heart disease

(DURATION) 5 yrs ~~DAYS~~

(Signed) A. McAlarnon M. D.

Sep. 25 1908 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet | Sept 27 1908 |
| UNDERTAKER | ADDRESS |
| Bolgar Cook | 103 W Balto St |

WM. J. C. DULANY CO., BALTIMORE.

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7 C15938 Registered No. B C15938

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 544 Brunswick St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Edmund Burgess

{Residence, if in Baltimore, Give Street and Number.} 544 Brunswick

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: March 31st 1908

AGE: ..... years, 5 months, 2 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm H. Burgess

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Adelaide Turner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelaide J Burgess

(Address) 544 Brunswick St.

Filed 9/26 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Sept 25th 1908 that I last saw him alive on Sept 24 1908, and that death occurred, on the date stated above, at 2.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ex Laustion

(DURATION) 7 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 21 DAYS

(Signed) Wa[illegible] M.D.

Address 2650 Frederick Rd

Date Sept 25th 1908

Place of Burial Mt Olivet

Date Sept 27 1908

Undertaker Jas B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C15939 Registered No. B .....

# CERTIFICATE OF DEATH. C15939

93

(Place of Death.) No. 928 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Winder

{Residence, if in Baltimore, Give Street and Number.} 928 Bolton St.

Duration of Residence in Baltimore. 16 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: Colored |
| DATE OF BIRTH: 1 | |
| AGE: 20 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Do |
| MAIDEN NAME OF MOTHER | Annie Winder |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | Chambermaid |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salla Dashell

(Address) 928 Bolton St.

Filed 9/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin "Coroner" M.D.

Address 700 N. Lafayette Ave.

Date Sept. 25 1908.

Place of Burial Laurel Cemetery.

Date Sept. 27 — 1908

Undertaker Felix B. Frye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15940 Registered No. B C15940

# CERTIFICATE OF DEATH.

(Place of Death.) No. 31 Brunes Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Spiegel (Spiegel)

{ Residence, if in Baltimore, Give Street and Number. } 31 Brunes Lane

Duration of Residence in Baltimore. 22 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 8th 1860

AGE: 48 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Spiegel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Spiegel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Spiegel

(Address) 31 Brunes Lane

Filed 9/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Sept 27 1908 that I last saw h[illegible] alive on Sept 27 1908, and that death occurred, on the date stated above, at 1.[illegible] P.M. CAUSE OF DEATH (Secondary or Immediate)

1. Toxaemia

(DURATION) 6 DAYS

Contributory (Primary.) Carcinoma of Liver

(DURATION) total 1 yr DAYS

(Signed) Howard Kelly M.D.

Address 1027 N Paca St

Date Sept 27 1908

Place of Burial Western Cemetery

Date September 28th 1908

Undertaker F. B. Wisnieski

Address 1 Frederick Ave. Exd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C15941 Registered No. B..... C15941

1764

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 Lancaster St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Antone Kuc

{ Residence, if in Baltimore, Give Street and Number. } 1627 Lancaster St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 26 1908

AGE — years, 2 months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Antone Kuc

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Anna Nowakowska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antone Kuc

(Address) 1627 Lancaster St

Filed 9/26 1908 HARRY C. ANDREWS, PERRY CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 26 1908

that I last saw h— alive on Sept 26 1908,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

1 Difficult Labor

2

3

4

(DURATION) 1 hr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wilentzius M.D.

Address 1627 Bank

Date Sept 26 1908

Place of Burial St Stanislaus

Date Sept 26 1908

Undertaker Joseph Zborowski

Address 1703 Alice Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C15942 Registered No. C C15942

93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 10 N. Sharp St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harvey Lambert

Residence, Give Street and Number, 10 N. Sharp St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: Colored.

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Robt Harvey

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Mary Fisher

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Blake

(Address) 1425 Mulberry St

Filed 9/26 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Sept 24 1908

that I last saw him alive on Sept 23 1908

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion

(DURATION) One DAYS

(Signed) P. E. Kelly M. D.

Address 2007 Linwood St

Date Sept 24, 1908

Place of Burial Mt. Hope

Date Sept 27 1908

Undertaker Robt F. Elliott

Address 506 Royers Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15943

Registered No. B C15943 M

# CERTIFICATE OF DEATH.

(Place of Death.) No. 526 W Cross St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William Hall

{ Residence, if in Baltimore, Give Street and Number. } 1126 Warner St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1879

AGE: 29 years, ..... months, ..... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Horace J. Hall

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Hall

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Thomas

(Address) 526 W. Cross St.

Filed 9/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Sept 24 1908

that I last saw him alive on Sept 23 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate

Miliary Tuberculosis

(DURATION) 8 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ?/ DAYS

(Signed) H S M Leard M.D

Address 1005 W Hall Ave

Date Sept 24 1908

Place of Burial Mt. Auburn Cem.

Date Sept. 27 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 15944

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

Colored

Registered No. B .....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Home of Good Shepherd for Colored Women

City of Baltimore, (No. Caldwell & Franklin St.; Roods Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Annie Chambers

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Sept ~~24~~ ~~1890~~ (Month) (Day) (Year)

AGE: 18 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maltimore

FULL NAME OF FATHER: Indefinite history

BIRTHPLACE OF FATHER (State or country): Committed to the Home of Good Shepherd 3 years ago

MAIDEN NAME OF MOTHER: Released & returned

BIRTHPLACE OF MOTHER (State or country): Again by court

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C S Clayton M D

(Address) 432 N Mary St

Filed 9/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 24 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Sept 23 1908 that I last saw her alive on Sept 23 1908, and that death occurred, on the date stated above, at 5— A. M. The CAUSE OF DEATH was as follows:

Acute Pneumonia of right lung Complicated by Leucocytosis result of La Grippe 4 years in March 1908 Acute Pneumonia (DURATION) 8 DAYS

Contributory Nephritis (albuminuria) under treatment 3 months (DURATION) DAYS

(Signed) C S Clayton M. D.

Sept 24 1908 (Address) 432 N Mary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Sept 27 1908

UNDERTAKER: Geo H Sloan

ADDRESS: 609 Little Rock

Ward 10 Registered No. C 015945

# CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1033 Harford ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Michael McDermott

Residence, Give Street and Number, 1033 Harford ave

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 34 years, ..... months, ..... days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Co Md

FULL NAME OF FATHER Wm McDermott

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Baker

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1033 Harford Ave

Filed Sept 26 1908 [redacted] Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 25 1908

that I last saw h- alive on Sept 24 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Valv Endocarditis with acute Dilatation

(DURATION) 3 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) J. J. Lewis Buck M. D.

Address 2644 Penna Ave

Date Sept 25 1908

Place of Burial Texas Md

Date Sept 28 1908

Undertaker H. C. Windfield

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C15946

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 844 N. Eutaw Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Ennis.

Residence, Give Street and Number, 844 N. Eutaw Street.

Duration of Residence in Baltimore, about 60 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Unknown 1

AGE About 84 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Alexander Rogers

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary McCourt

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur H Mannix. MD

(Address) Catonsville Md.

Filed Sept 26 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 26 1908

I HEREBY CERTIFY, That I attended deceased from For years 190 to Sep 26 190 8

that I last saw h alive on Sep 25 190 8

and that death occurred, on the date stated above, at 6 75 A. M.

CAUSE OF DEATH (Secondary or Immediate,) Cardiac Dilidation and Collapse

(DURATION) 5 DAYS

Contributory (Primary) Chronic Valvular Heart Disease (DURATION) 3 years

(Signed) Arthur H Mannix M. D.

Address Catonsville Md.

Date Sept. 26th 1908

Place of Burial New Cathedral

Date Sept 28th 1908 190

Undertaker Henderson Bro Co

Address 320 N Madison St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 4

Registered No. C 015947

143

# CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Whiteley

Residence, Give Street and Number, Catonsville, Md.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| male | White |

DATE OF BIRTH September 11th 1844

AGE 64 years, months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Frederica Kent Co. Delaware

FULL NAME OF FATHER Dr. Albert Whiteley

BIRTHPLACE OF FATHER (State or county) Whiteleysburg Caroline Co. Md

MAIDEN NAME OF MOTHER Elizabeth Ann Townsend

BIRTHPLACE OF MOTHER (State or county) Frederica Delaware

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. M. Baker

(Address) Catonsville, Md

Filed Sept 26 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH September 26, 1908

I HEREBY CERTIFY, That I attended deceased from August 5, 1908 to September 26 1908 that I last saw him alive on Sept. 26, 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Septicaemia Following operation for Carbuncle August 5, 1908.

(DURATION) 5-3 DAYS

Contributory (Primary) Carbuncle of back of neck (DURATION) DAYS

(Signed) Benjamin Wood Jr. M. D.

Address Union Protestant Inf.

Date September 26, 1908

Place of Burial Frederica Kent Co Delaware

Date Sept 29th /08 1908

Undertaker Henry W. Jenkins & Sons Co

Address 300 Madison St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C15948 Registered No. C C15948

# CERTIFICATE OF DEATH.

142

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Shaw -

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH — 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Brick Layer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt. BAY VIEW ASYLUM

(Address)

Filed 9/27 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Sept 26 1908

that I last saw him alive on Sept 26 1908

and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsis & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Paralysis of

Laryngeal Tuberculosis (DURATION) DAYS

(Signed) Geo W Baker M. D.

Address Bay View Hospital

Date Sept 26 1908

Place of Burial Loudon Park

Date Sept 28 1908

Undertaker Wm Cook

Address 502 E Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C15949 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor Reese St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Reese

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor

Duration of Residence in Baltimore. 54 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Oct. 20th 1825

AGE: 82 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christoph Gheist

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Margaretha Gheist

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 9/27 1908 HARRY C. ANDREAE CITY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Er alive on Sept 18 1908,

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

5 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Varnes M.D.

Address 1133 Valley N

Date Sept 26 1908

Place of Burial Saint Alphonsus

Date Sep. 28 1908

Undertaker Henry. Koeck & Son

Address 1301 Eager st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C15950

C15950

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 602 n Eden St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto Eff. Jr

{ Residence, if in Baltimore, Give Street and Number. } 602 n Eden St

Duration of Residence in Baltimore. 1/2 hour

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: whi

DATE OF BIRTH: Sept 26 1908

AGE: ..... years, ..... months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Cty

FULL NAME OF FATHER: Otto Eff. Sr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Wolfsieg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Eff Sr

(Address) 602 n Eden

Filed 9/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 26 1908

that I last saw ~~him~~ alive on Sept 26 1908,

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(7 mo)

..... (DURATION) ..... DAYS

Contributory (Primary.) Apnea

..... (DURATION) ..... DAYS

(Signed) Arthur Bryfogle M.D.

Address 2031 Eutaw Place

Date ~~Sept~~ 26 1908

Place of Burial Holy Redeemer

Date Sept 27 1908

Undertaker Henry Woeckner & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C15951 — Registered No. C 15951 27

## CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Purdill — (Purdill)

Residence, Give Street and Number, 321 S. Bond, R

Duration of Residence in Baltimore,

### PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | M. |
| COLOR | Wr. |
| DATE OF BIRTH | April 20 1887 |
| AGE | 23 years, months, days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | S. |
| BIRTHPLACE (State or county) | Austria |
| FULL NAME OF FATHER | Michal Purdill |
| BIRTHPLACE OF FATHER (State or county) | Poland |
| MAIDEN NAME OF MOTHER | Josefa Jacek |
| BIRTHPLACE OF MOTHER (State or county) | Poland |
| OCCUPATION OF DECEASED | Sailor. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/27 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Sept 26 1908

that I last saw him alive on Sept 26 1908

and that death occurred, on the date stated above, at 12 45 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) 9 DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) DAYS

(Signed) W W Falk M. D.

Address Bay View Hospital

Date Sept 26 1908

Place of Burial Holy Rosary

Date September 28 1908

Undertaker Joseph Zborowski

Address 2763 Elliott ave

Remarks

Ward ..... Registered No. B .....

# CERTIFICATE OF DEATH. C 15952 176

(Place of Death.) No. 2915 Bernard Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos. B. Hall

{ Residence, if in Baltimore, Give Street and Number. } 1 same Lyc

Duration of Residence in Baltimore. .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 16 1908.

AGE: ..... years, ..... months, 40 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph B Hall

BIRTHPLACE OF FATHER (State or country): MY

MAIDEN NAME OF MOTHER: Martha James

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard st

Filed 9/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Suffocation
fm lying on it's face
result of vomiting. (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Clinton Guttman M.D.

Address 1841 N. Chas St Cor

Date Sept 25 1908

Place of Burial St Peters ✓

Date Sept 28th 1908

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C15953 Registered No. B 15953

97

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Federal Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Madalina Elizabeth Oberender

{Residence, if in Baltimore, Give Street and Number.} 1509 Federal Place.

Duration of Residence in Baltimore. 27 days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 30th 1908

AGE — years, — months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Richard Oberender

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Schneider

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Oberender

(Address) 1509 Federal Pl.

Filed 9/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 23 1908 to Sept. 26 1908 that I last saw her alive on Sept. 26 1908 and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 1 DAYS

Contributory (Primary) Broncho-pneumonia

(DURATION) 3 DAYS

(Signed) H. W. Stone, M.D.

Address 2229 E. Federal st

Date Sept. 26 1908

Place of Burial Jerusalem Cem

Date 9/27/08 190

Undertaker J. Herring Son

Address 910 E. Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C15954 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Achsah B. Smith

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH About 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Anthony P. Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER ~~Unknown~~ Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Wright

Address 161 W. Baltimore

Filed 9/27 1908 HARRY C. ANDREWS, CERTIFY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Sept 25 1908 that I last saw her alive on Sept 26 1908, and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Paralysis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Geo. W. Norris M.D.

Address 1402 Harlem ave

Date Sept. 26 1908

Place of Burial Elkridge M. E. cemetery

Date Sept 28 1908

Undertaker Mrs Annie Easton & Sons

Address Ellicott City Md

Dr. Norris Deceased

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward IX

C15955 Registered No. B C15955

179.

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Francis Solano

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 15 1908

AGE — years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 9/27 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26th 1908

I HEREBY CERTIFY, That I attended deceased from July 24 1908 to Sept. 26 1908 that I last saw her alive on Sept. 26 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Sept. 26th 1908

Place of Burial Cathedral Cemetery

Date Sept. 28th 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C15956 Registered No. B 6 15956

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Borabasky

{Residence, if in Baltimore, Give Street and Number.} 1508 W Baltimore

Duration of Residence in Baltimore. 17 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ″ ″ 1873

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Freeman

(Address) 1519 W Balto St

Filed Sept-27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

Heart Disease

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Herbert C Blake M.D.

Address 10 W N. La Fayette

Date Sept 28 Coroner 1908

Place of Burial Bath. Jacob. Philadelphia Road

Date Sept 28 1908

Undertaker Robt Brooks & Son

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

all following

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C15956

# CERTIFICATE OF DEATH.

179

No. 1508 W Baltimore St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Minnie Bovarsky

{Residence, if in Baltimore, Give Street and Number.} 1508 W Baltimore St.

Duration of Residence in Baltimore. 17 Yr.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abe Mainsbursky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fradie Sacks

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bovarsky

(Address) 1508 W. Baltimore

Filed Sept 27 1908 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N Lafayette ave

Date Sept. 27. Coroner 1908

Place of Burial Helena Hebrew Rest

Date Sept. 28, 1908

Undertaker Mark Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., Registrars.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

C15957

Registered No. B .....

City of Baltimore, (No. House 1 Ney Ford Parkhurst Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cecilia Canton

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: dont Know 1 (Month) (Day) Year)

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mississippi

FULL NAME OF FATHER: Mr E G Canton

BIRTHPLACE OF FATHER (State or country): dont Know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mary Agnes

(Address) Mount St Alexius Hs

Filed Sept 24 1908

HARRY C. ANDREWS, Registrar

FERMIS GLEE

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 (Month) (Day) 190 5 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 190 8 to Sept 26 190 8

that I last saw h.. alive on Sept 23 190 8,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

2 Years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. F. Muchmeand M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peters | Sept 27 190 8 |
| UNDERTAKER | ADDRESS |
| Jno J Taltavull Son | 1132 Eutaw |

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

165

# CERTIFICATE OF DEATH.

Registered No. B 15958

City of Baltimore, (No. 1121, Proctor St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary Ann Murphy

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 20 (Day) 1907 (Year)

AGE: ..... years, 11 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Garfield Murphy

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mamie Viola Hoffmeyer

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Athens

(Address) 938 Loudon Av

Filed 9/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 26 1908 that I last saw h[er] alive on Sept 26 1908, and that death occurred, on the date stated above, at 2 3/4 a.m. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Howard E Worden, M.D.

Sept 27 1908 (Address) 732 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Sept 28 1908

UNDERTAKER: J Athens & Co | ADDRESS: 160 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C15959 Registered No. B C15959

# CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1703 Ditmars Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lt. Coakley

{Residence, if in Baltimore, Give Street and Number.} 1703 Ditmars Court

Duration of Residence in Baltimore. Unknown

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Unknown 1

AGE: 37 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Howard Co Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Freeland

(Address) 106 N. Schroeder St

Filed 9/28 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 3 mos ~~DAYS~~

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bardin M.D. Coroner

Address 700 N. Lafayette Ave.

Date Sept. 26 1908.

Place of Burial Mount Auburn

Date Sept 27 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C15960 Registered No. B C15960

# CERTIFICATE OF DEATH. 157

(Place of Death.) No. 2213 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerome Bird

{Residence, if in Baltimore, Give Street and Number.} 2213 Etting st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 12th 1908

AGE: ....years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: William Bird

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lizzie Fortune

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bird

(Address) 2213 Etting St

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from same (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (County)

Date Sept. 27 1908

Place of Burial Mt Auburn

Date Sept 28 1908

Undertaker Alex Hemsley

Address 578 W Pratt & 21

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C15961 Registered No. B C15961

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Oliver Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachael J. Gourlay

{Residence, if in Baltimore, Give Street and Number.} 1628 Oliver Pl.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH 1838

AGE 75 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltc. Md.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gourlay

(Address) 1628 Oliver place

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia —

(DURATION) 5 DAYS

Contributory (Primary.) Fracture of leg. a.c. (DURATION) DAYS

(Signed) Fell out of window M.D.

Address F. Carter md

Date Coroner. 190

Place of Burial Baltimore Cemetery

Date Sept 28 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

Registered No. B

# CERTIFICATE OF DEATH.

151 F

(Place of Death.) No. 416 Sanders St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Frederick & Bessie Hueske

{ Residence, if in Baltimore, Give Street and Number. } 416 Sanders St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH September 21 1908

AGE ..... years, ..... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frederick Hueske

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Bessie L Ellmer

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hueske

(Address) 416 Sanders St.

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1908

I HEREBY CERTIFY, That I attended deceased from 9.21. 1908 to 9.28 1908 that I last saw h[illegible] alive on 9.28 1908, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Inertia. from birth.

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Turlington M.D.

Address for E Fort av

Date 9.28 1908

Place of Burial London Park Cemetery

Date Sept 28 1908

Undertaker Edward L Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

C15963 OFFICE OF REGISTRAR OF VITAL STATISTICS. C15963

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 501 E. Clement St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Estella Thomas

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH: November (Month) 7 (Day) 1907 (Year) | |
| AGE: ..... years, 10 months, 19 days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single | |
| BIRTHPLACE (State or country): Balto City Md. | |
| FULL NAME OF FATHER: George D Thomas | |
| BIRTHPLACE OF FATHER (State or country): Balto City Md. | |
| MAIDEN NAME OF MOTHER: Carrie Rabstock | |
| BIRTHPLACE OF MOTHER (State or country): Balto City Md. | |
| OCCUPATION OF DECEASED: ——— | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo D Thomas

(Address) 501 E Clement St

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Sept 26 1908 that I last saw h.. alive on Sept 26 1908, and that death occurred, on the date stated above, at 5.00 P. M. The CAUSE OF DEATH was as follows:

Meningitis
(Cerebral)

(DURATION) 2 DAYS

Contributory .....

(DURATION) 2 DAYS

(Signed) W. S. Arnold M. D.

Sept 26 1908 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cemetery | Sept 28 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Edw. I Fanning | 1460 Baltimore |

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C15964 Registered No. B

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 545 McMechen St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Lillian Laura Cornish

{Residence, if in Baltimore, Give Street and Number.} 545 McMechen st

Duration of Residence in Baltimore. Six weeks

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ——years, 2 months, ——days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Elland

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Florence Cornish

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Cornish

(Address) 545 McMechen

Filed 9/28 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 26 1908

that I last saw h[illegible] alive on Sept 26 1908,

and that death occurred, on the date stated above, at 10.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 1 DAYS

Con'tributory (Primary) Meningitis

(DURATION) 3 DAYS

(Signed) Frank S. Lyon M.D.

Address University Hospital

Date September 26 1908

Place of Burial Mt. Auburn Cem

Date Sept 28 1908

Undertaker Sam'l H. Gladstone

Address 1400 Mosher

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — C15965 — Registered No. B

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1832 Pattersan av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence T. Howard

{Residence, if in Baltimore, Give Street and Number.} 1832 Pattersan av

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C

DATE OF BIRTH 1

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward Howard

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Lucy Smith

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lucy Howard

(Address) 1832 Pattersan av

Filed 7/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 27 1908 that I last saw h alive on Sept 27 1908, and that death occurred, on the date stated above, at 9a, M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

(DURATION) 26 DAYS

Contributory (Primary.) Cystitis

(DURATION) 26 DAYS

(Signed) [illegible] M.D.

Address 1732 Pattersan av

Date Sept 27 1908

Place of Burial Lexington Md

Date Sept 29th 1908

Undertaker Clarence E Conisky

Address 1311 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 71

HEALTH DEPARTMENT, City of Baltimore.

C15966 Registered No. C 61

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 W. Cross St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Archy Vernon

Residence, Give Street and Number, 1014 W. Cross St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR White

DATE OF BIRTH August 6 1908

AGE ..... years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Harry Vernon

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Daisy Zell

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Vernon

(Address) 1014 W Cross St

Filed 9/28 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 25, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1908 to Sept 25 1908 that I last saw him alive on Sept 25 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) 1½ DAYS

Contributory (Primary) Meningitis

(DURATION) 4 DAYS

(Signed) M. O'Neill M. D.

Address 108 N. Fulton Ave

Date Sept 26 1908.

Place of Burial Mt Carmel

Date Sept 28 1908

Undertaker J. F. Tickner & Sons

Address Camden & Paca

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C15967 Registered No. B C15967

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. 735 N Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt T. Porter

{Residence, if in Baltimore, Give Street and Number.} 735 N. Franklin St.

Duration of Residence in Baltimore. 35 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1846 |
| AGE | 62 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Portsmouth, Va. |
| FULL NAME OF FATHER | Robert Porter |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | Mary A. Tutor |
| BIRTHPLACE OF MOTHER (State or country) | Unknown |
| OCCUPATION OF DECEASED | Clerk |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Porter

(Address) 735 N. Franklin

Filed 9/28 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 5. 1908 to Sept. 26. 1908 that I last saw h in alive on Sept. 26. 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis + Asthenia

(DURATION) DAYS

Con'tributory (Primary) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) Jno. G. Stiefel M. D.

Address 906 Myrtle Ave

Date Sept. 27. 1908

Place of Burial Loudon Park

Date Sept 29 1908

Undertaker M. Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C15968 Registered No. B C15968

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1351 York Rd. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1351 York Rd

Duration of Residence in Baltimore. 60 Yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 1st 1825

AGE: 83 years, 3 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: First name unknown Surname Schmidt

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter. Mrs. Hoffs

(Address) 1351 York Road

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Sept 26 1908 that I last saw her alive on Sept 26 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Sept 27- 1908

Place of Burial St Mathews Cemetary

Date September 29 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15969 Registered No. B C15968

# CERTIFICATE OF DEATH.

(Place of Death.) No. 416, S. Ann st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marian Eazimur Rosiak

{Residence, if in Baltimore, Give Street and Number.} 416, S. Ann st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: April 30 1908

AGE: ..... years, 4 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Julian Rosiak

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Pelgia Kamska.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julian Rosiak.

(Address) 416 S. Ann St

Filed 9/28 1908 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27- 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1908 to Sept. 27 1908 that I last saw him alive on Sept. 26 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Capillary Bronchitis (DURATION) 11 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Sept. 27 1908

Place of Burial St Stanislaus.

Date Tuesday Sept 29th 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15970 Registered No. B C15970

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1629 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Zeydel

{Residence, if in Baltimore, Give Street and Number.} 1629 Aliceanna

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 12th 1907

AGE ..... years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Zeydel

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Rose Szczepaniak

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zeydel

(Address) 1629 Aliceanna

Filed 9/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 24 1908 to Sept 27th 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Entero Colitis

(DURATION) 14 DAYS

(Signed) J. L. Dinner M.D.

Address 90 S. Broadway

Date Sept 28th 1908

Place of Burial St. Stanislaus.

Date SEP 29 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C15971 Registered No. BC15971

# CERTIFICATE OF DEATH.

164

(Place of Death.) No. 105 S Arlington St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jennie White

{Residence, if in Baltimore, Give Street and Number.} 105 S Arlington

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: John White

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary Rice

BIRTHPLACE OF MOTHER (State or country): Del.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John White

(Address) 502 N Fayette St

Filed 9/28 1908

HARRY C. ANDREAS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette St

Date Sept 27. Coroner 1908

Place of Burial Loudon Park

Date Sept 29/08. 190

Undertaker Lowe Bros

Address 502 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15972 Registered No. B C15972

# CERTIFICATE OF DEATH.

123

(Place of Death.) No. 1716 N Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W Courts

{Residence, if in Baltimore, Give Street and Number.} 1716 W Fulton ave

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH —

AGE 95 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Cerecan Courts

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard B Courts

(Address) 1716 N Fulton ave

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 — 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1908 to Sept 26th 1908 that I last saw h alive on Sept 26th 1908, and that death occurred, on the date stated above, at 8 oc P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis with Atony of Bladder.

(DURATION) 2 mos. DAYS

Contributory (Primary.) Infirmities of old age. (DURATION) 6 mos 2 DAYS

(Signed) Wm E. Miller M.D.

Address 2239 Penna Ave.

Date Sept. 26th 1908

Place of Burial London Park.

Date Sept 29 — 1908

Undertaker Wm Cook

Address 602 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C15973

Ward 15 — Registered No. B C15973 50

# CERTIFICATE OF DEATH.

(Place of Death.) No 2903 N. Howth av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada A. Buttaun

{ Residence, if in Baltimore, Give Street and Number. } 2903 N. Howth av.

Duration of Residence in Baltimore 21 years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | female |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 61 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Newyork |
| FULL NAME OF FATHER | Henry F Stockton |
| BIRTHPLACE OF FATHER (State or country) | England |
| MAIDEN NAME OF MOTHER | Selina Taylor |
| BIRTHPLACE OF MOTHER (State or country) | Englad |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph G. Buttaun

(Address) 2903 N. Howth av

Filed 9/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

Diabetes Insipidus

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lilian Baldwin M.D.

Address Two Log. ave. Towson

Date Sept. 27th 1908

Place of Burial Woodlawn

Date Sept 29 1908

Undertaker Lowdon

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15974 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 N Cross St St. (If Decd's occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Margaret Recker

{Residence, if in Baltimore, Give Street and Number.} 1108 N Cross St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 4 1907

AGE ~ years, 9 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country). Balto Md

FULL NAME OF FATHER Jos H Recker

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary Margaret Bell

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos H Recker

(Address) 1108 N Cross St

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Sept 27 1908 that I last saw her alive on Sept 26 1908, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J Morley Hoag M.D.

Address 721 Columbia Ave

Date Sept 27 1908

Place of Burial St Alphonsus

Date Sept 29 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C15975 Registered No. B C15975

# CERTIFICATE OF DEATH.

16

(Place of Death.) No. 1934 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry B. Miller

{ Residence, if in Baltimore, Give Street and Number. } 1934 Hollins

Duration of Residence in Baltimore. 41 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Dec 23 1828 |
| AGE | 79 years, 9 months, 2 days |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country) | York Co. Pa |
| FULL NAME OF FATHER | Henry Miller |
| BIRTHPLACE OF FATHER (State or country) | Pa |
| MAIDEN NAME OF MOTHER | Barbara Brenkel |
| BIRTHPLACE OF MOTHER (State or country) | Pa |
| OCCUPATION OF DECEASED | Canvasser |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca Miller

(Address) 1934 Hollins St

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Sept 25 1908 that I last saw h~~im~~ alive on Sept 25 1908, and that death occurred, on the date stated above, at 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull due to fall from vertigo attack fell in front of kitchen stove struck head on curb stone (DURATION) 6 DAYS

Contributory (Primary.) Old age & fall (DURATION) DAYS

(Signed) Walter A Coy M.D.

Address 545 Fulton Ave

Date Sept 25 1908

Place of Burial Int Olivet

Date Sept. 28 1908

Undertaker Jos. B Cook

Address 1013 N Balto St

O. K Hewlett C Blake MD Coroner

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15976 Registered No. B C15976

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Miller

{ Residence, if in Baltimore, Give Street and Number. } Life 327 S. Parrish St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 3 1897

AGE: 10 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George N Miller

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Matilda Wilkens

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George N Miller

(Address) 327 S Parrish St

Filed 9/28 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Sept 26 1908 that I last saw him alive on Sept 26 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) 2 DAYS

Con'tributory (Primary.) Acute Appendicitis (DURATION) 3 DAYS

(Signed) J. H. Pitts M.D.

Address University Hospital

Date Sept 26 1908

Place of Burial Laudon Park

Date Sept 29 1908

Undertaker Jo. B. Cook

Address 1103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **undertaker** in the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C15977 Registered No. B C15977

# CERTIFICATE OF DEATH.

(Place of Death.) No. 435 N. Front St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George W. Mayskrantz

{Residence, if in Baltimore, Give Street and Number.} 435 N. Front St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 30 1865

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER W. H. Mayskrantz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER E. Baltzer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Mayskrantz

(Address) 435 N. Front St.

Filed 9/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 26 1908 that I last saw him alive on Sept 26 1908, and that death occurred, on the date stated above, at 3 11 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 3 ~~7~~ DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ~~DAYS~~

(Signed) Jno. Ebaugh M.D.

Address 1701 Park Ave

Date Sept 27 1908

Place of Burial London Park Cemetery

Date Sept. 29th 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C15978 Registered No. B C15978

# CERTIFICATE OF DEATH.

47

(Place of Death.) No. 710 St. Peter st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Justina Stroh

{ Residence, if in Baltimore, Give Street and Number. } 710 St Peter st

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH Aug 22 1841

AGE 67 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Karl Under

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles A Stroh

(Address) 710 St Peter st

Filed 9/28 1908

HARRY C. ANDREWS. PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Sept 27 1908

that I last saw her alive on Sept 27 1908, and that death occurred, on the date stated above, at 1.30

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Collapse

(DURATION) DAYS

Contributory (Primary) Chronic Bronchitis

Pneumonia (DURATION) 60 DAYS

(Signed) Harry Taylor M.D.

Address 607 N Eutaw

Date Sept 27 1908

Place of Burial Baltimore Cemetery

Date Sept. 30th 1908

Undertaker Philip Seawald & Son

Address 119 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C15979 Registered No. B C15979

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 409 Roland Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Norman Bevans

{Residence, if in Baltimore, Give Street and Number.} 409 Roland Ave.

Duration of Residence in Baltimore. During life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR White |
| DATE OF BIRTH | Sept 24th 1908 |
| AGE | 6 hours<br>years, months, days |
| ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country) | 409 Roland Ave |
| FULL NAME OF FATHER | Howard W. Bevans |
| BIRTHPLACE OF FATHER (State or country) | Balt. Co. Md. |
| MAIDEN NAME OF MOTHER | Caroline Holmes |
| BIRTHPLACE OF MOTHER (State or country) | Balt. Co. Md. |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard W. Bevans

(Address) 409 Roland ave

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24th 1908 to Sept 28th 1908

that I last saw him alive on Sept 28th 1908

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate

Non-viability

(DURATION) DAYS

Contributory (Primary.) Period of uterogestation six months (DURATION) DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date Sept. 28th 1908

Place of Burial St. Marys Hampden

Date September 28- 1908

Undertaker Horace Berger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

# CERTIFICATE OF DEATH.

Registered No. B 015980

City of Baltimore, (No. 1013 W Lafayette Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget M. Ryan

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) ? (Day) 1823 (Year)

AGE: 85 years, 6 months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Healy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Welsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. J. Hanrahan

(Address) 1013 W. Lafayette Ave.

Filed 9/28 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Time of death 1908 that I last saw her alive on Sept 26 1908 and that death occurred, on the date stated above, at 12 a.m. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) DAYS

Contributory —

(DURATION) — DAYS

(Signed) Wm B Ruder M. D.

Sept 27 1908 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept 29 1908

UNDERTAKER: Henry W. Spear & Son — ADDRESS: 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

Ward 0 C15981 Registered No. B C15981

# CERTIFICATE OF DEATH. 10

(Place of Death.) No. 1328 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma L. Heath

{Residence, if in Baltimore, Give Street and Number.} 1328 N. Bond st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar 20 1847

AGE: 61 years, 6 months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John B. Bowen

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Elizabeth Mills

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L Heath

(Address) 1328 N Bond St

Filed 9/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4 1908 to Sept 27 1908

that I last saw h-- alive on Sept 26 1908,

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe, followed by Bronchitis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Godfrey Young M.D.

Address 1736 N Broadway

Date Sept 27 1908

Place of Burial Greenmount Cemetery

Date Sept 29 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Dr Young N Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C15982 Registered No. B ~~C15982~~ C15982 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Penna ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Marzullo

{ Residence, if in Baltimore, Give Street and Number. } 1040 Pa. ave. (1040)

Duration of Residence in Baltimore. Twelve years

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH Unknown 1

AGE 60 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Day Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Marzullo

(Address) 1040 Pa. ave.

Filed 9/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Chronic Bronchitis (DURATION) ..... DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. ave. (County)

Date Sept 27 1908

Place of Burial Mt Auburn Cem

Date Sept 29 1908

Undertaker Wharton Talley & Sons

Address 1132 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C15983 Registered No. B C15983

# CERTIFICATE OF DEATH. 33

(Place of Death.) No. University Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mortimer Padgett.

{Residence, if in Baltimore, Give Street and Number.} 33 E. Henrietta St

Duration of Residence in Baltimore. 20 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 52 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph H. Padgett

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susanna Smith

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Packer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joanna Padgett.

(Address) 33 E. Henrietta St.

Filed 9/28 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from 6/22/ 1908 to 9/26/ 1908 that I last saw h.. alive on 9/26/ 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Cachexia

(DURATION) 4 DAYS

Con'tributory (Primary.) Tuberculosis of Bladder (DURATION) 120 DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date September 26 1908

Place of Burial Cedar Hill Cemetery

Date September 28 1908

Undertaker Howard & Tilley

Address 438 Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate

Ward 10 C15984 Registered No. B C15984

# CERTIFICATE OF DEATH.

(Place of Death.) No. 730 Asquith St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number) 120

Full Name August J. Soeller.

{ Residence, if in Baltimore, Give Street and Number. } 735 Asquith St

Duration of Residence in Baltimore. 55 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: May 25 1833

AGE: 75 years, 4 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Aloysius Soeller

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Soeller

(Address) 730 Asquith St

Filed 9/28 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Sept 25 1908 that I last saw h in alive on Sept 25 1908 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Oedema

Con'tributory (Primary.) Chronic Nephritis (DURATION) DAYS

(DURATION) DAYS

(Signed) M. L. Todd M.D

Address 1202 E. Monument St.

Date Sept 25 1908

Place of Burial Holy Redeemer Cem

Date Sep 30 th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL

§ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 015985

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1507 Bolton St St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mrs Kate Griffiss Butler

Residence, Give Street and Number, 1507 Bolton St

Duration of Residence in Baltimore, all her life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 21st January 1847

AGE 61 years, 8 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER John J Griffiss

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Louisa J Tucker

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Butler

(Address) 1507 Bolton St

Filed 9/28 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 26th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24th 1908 to Sept 26th 1908 that I last saw h er alive on Sept 26th 1908 and that death occurred, on the date stated above, at 11 PM

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage with Paralysis

2 days 5 (DURATION) — DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. F. Mechlin M. D.

Address 115 W Franklin

Date September 28 1908

Place of Burial Greenmount Cem

Date September 29th 1908

Undertaker Henry H. Jenkins & Son Co

Address 300 N Madison St

Remarks

Ward 1 C15986 Registered No. B C15986

# CERTIFICATE OF DEATH. 120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A Hengemuehle

{Residence, if in Baltimore, Give Street and Number.} 1831 East Pratt Street

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 27th 1887

AGE: 21 years, 11 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: August Hengemuehle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Matilda Rosenbauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Hengemuehle

(Address) 1831 E. Pratt St,

Filed 9/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Sept 26 1908 that I last saw him alive on Sept 26 1908, and that death occurred, on the date stated above, at 7 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Barker M.D.

Address Johns Hopkins Hospital

Date Sept 27 1908

Place of Burial Holy Redeemer

Date Sept 29th 1908

Undertaker Lilly & Fowler

Address 403 S Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 15987 118

# CERTIFICATE OF DEATH.

(Place of Death.) No. 571 Preastman St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Viola Ralph

{Residence, if in Baltimore, Give Street and Number.} 571 Preastman

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 13 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Ralph

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hattie Harrigan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father George Ralph

(Address) 571 Preastman St

Filed Sept 29 1908 [redacted] Registrar

[redacted] CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Sept 26 1908

that I last saw her alive on Sept 26 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

General Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 10 DAYS

(Signed) H S McCard M.D.

Address 2005 Orchard Ave

Date Sept 28 1908

Place of Burial Laurel

Date Sept 29 1908

Undertaker P T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C15988 Registered No. B C15988

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 Vincent alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Ellsworth Hensel

{ Residence, if in Baltimore, Give Street and Number. } 1436 Vincent alley

Duration of Residence in Baltimore. 6 days

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH Sept 20 1908

AGE ____ years, ____ months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Hensel

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ida Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Edmunds

Interment (Address) Md. Homoeop Hospital

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 26 1908 that I last saw h in alive on Sept 26 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 6 DAYS

Contributory (Primary) Congenital Debility (DURATION) DAYS

(Signed) George H Edmunds, Intern M.D.

Address Md Homoeopathic Hospital

Date Sept 27 1908

Place of Burial Mt Hope

Date Sept 29 1908

Undertaker Robt L Parham & Co

Address 1318 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW ON THIS SUBJECT.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 15989

# CERTIFICATE OF DEATH. 36

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M Carter

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) for Hollyday. Supt. BAY VIEW ASYLUM.

(Address)

Filed 9/29 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 28 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 8 190 8 to Sept 28 190 8 that I last saw h-im alive on Sept 28 190 8 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Syphilis

(DURATION) — DAYS

(Signed) W W Eshleman M. D.

Address Bay View Hospital

Date Sept 28 190 8

Place of Burial Greenmount Cemetery

Date Sept. 30 190 8

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B C15990

C15990

# CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N Gilmor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Wm H Elliott

{Residence, if in Baltimore, Give Street and Number.} 206 N Gilmor st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH July 11 1834.

AGE 74 years, 2 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ married.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER George Elliott

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Kate Baker

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion L Elliott

(Address) 206 N. Gilmor St

Filed 9/29 1908 HARRY C: ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 26 1908 that I last saw h alive on Sept 25 1908, and that death occurred, on the date stated above, at 1140 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Bright Disease of Kidneys (DURATION) 2 yrs DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins Ave

Date Sept 28 1908

Place of Burial London Park Cem

Date Sept 29, 1908

Undertaker Geo L Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 18 C15991 Registered No. B C15991

# CERTIFICATE OF DEATH. 154

(Place of Death.) No. 818 N. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Farrell.

{ Residence, if in Baltimore, Give Street and Number. } 818 N. Saratoga St.

Duration of Residence in Baltimore. 55 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 15 1840

AGE: 67 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McGuck

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Bridget Boiggle

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Farrell.

(Address) 818 Saratoga

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28th, 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 28 1908 that I last saw her alive on Sept 27 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of old age

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Jno. C. Pound M.D.

Address 1302 N Linwood Ave

Date Sept. 28. 1908

Place of Burial Cathedral Cemetery

Date Oct 1 1908

Undertaker Hilbert W Shriver

Address 216 Fremont ave N.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 013992

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. L. Callis

{Residence, if in Baltimore, Give Street and Number.} 5 E. Barney St.

Duration of Residence in Baltimore. 10 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 22. 1885

AGE: 22 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: John J Callis

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary E. Pickett

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Hat Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabel Callis

(Address) 1282 Riverside Ave.

Filed 9/29 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 27 1908 that I last saw him alive on Sept 27 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) 2 DAYS

Contributory (Primary) Acute appendicitis (DURATION) 1 DAY

(Signed) J. W. Bird M.D.

Address University Hospital

Date Sept 27 1908

Place of Burial London Park Cem

Date Sept 30-08 1908

Undertaker Edw. I Fanning

Address 1460 Baltimore Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15953 ~~C15992~~ Registered No. B ..... ~~C15992~~

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 418 S Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Emma Moore

{ Residence, if in Baltimore, Give Street and Number. } 418 S Spring St

Duration of Residence in Baltimore. 13 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Sept 15 1908

AGE ..... years, ..... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Emma Moore

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

19[illegible].

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 27 1908

that I last saw him alive on Sept 27 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Prematurity

(DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 165 Broadway

Date Sept 28 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 23 1908 190

Undertaker Commissioner Health.

Address Per. Wm E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C15994 Registered No. B C15994

# CERTIFICATE OF DEATH. 151

(Place of Death.) No. 314. n. Parish alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Campbell

{Residence, if in Baltimore, Give Street and Number.} 314. n Parish alley

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug. 28 1908

AGE — years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md.

FULL NAME OF FATHER Edward Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah Campbell

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Campbell

(Address) 314. n Parish ally

Filed 9/29 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Sept 25 1908 that I last saw her alive on Sept 24 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. W. Slater M.D.

Address 1703. N. Dayton Ave

Date Sept 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 28 1908 190

Undertaker Commissioner Health, Per Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C15995

City of Baltimore, (No. 137 Lelonp St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morris Giles

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1862 (Year)

AGE: 45 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Giles

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Giles

(Address) 137 Lelonp

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to Sept 27 1908

that I last saw him alive on "26 1908,

and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

..... (DURATION) ..... DAYS

Contributory Diarrhea

..... (DURATION) ..... DAYS

(Signed) Hyman Buell M. D.

Sept 28 1908 (Address) 1418 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill | Sept 29th 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Jos. Stuntebeck | 1318 Light St |

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

C15996 Registered No. B C15996

# CERTIFICATE OF DEATH.

(Place of Death.) No. 117 South Regester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Naomi Redmond

{ Residence, if in Baltimore, Give Street and Number. } 117 South Regester St

Duration of Residence in Baltimore... Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 13 1908

AGE 1 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Francis C Redmond

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Charlotte Garretson

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis C Redmond

(Address) 117 S Regester St

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Sept 27 1908 that I last saw her alive on Sept 27 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions of Dentition

(DURATION) 4 hours DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Alfred A Burdick M.D.

Address 1806 E. Baltimore St

Date September 27 1908

Place of Burial Mt Carmel Cem

Date SEP 29 1908 190

Undertaker S. M. Starr

Address 193 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward..... C15997 Registered No. B..... C15997

# CERTIFICATE OF DEATH. 105

(Place of Death.) No. 431 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Driscoll

{ Residence, if in Baltimore, Give Street and Number. } 431 S. Chester St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 28 1908

AGE ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md (Balto)

FULL NAME OF FATHER James Driscoll

BIRTHPLACE OF FATHER (State or country) Balto - Md

MAIDEN NAME OF MOTHER Minnie Weinkan

BIRTHPLACE OF MOTHER (State or country) Balto - Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Driscoll

(Address) 431 S Chester St

Filed 9/29 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1908

I HEREBY CERTIFY, That I attended deceased from 9-25 1908 to 9-28 1908

that I last saw h alive on 9-27 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate )

Acute Entero Colitis

(DURATION) 5 DAYS

Contributory (Primary Acute Entero Colitis

(DURATION) 5 DAYS

(Signed) D L Reckard M.D.

Address 910 S Linton St

Date Sept 28 1908

Place of Burial Holy Cross Cem

Date Sept 29 1908

Undertaker John A Moran & Bro

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

# CERTIFICATE OF DEATH.

Registered No. B C15998

City of Baltimore, (No. 1847 West Lexington St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia D. Buck.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 18 1831+ (Month) (Day) Year)

AGE 77 years, eight months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Levin Gail Irving

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Mary O. Hooper

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irving Buck.

(Address) 1847 W. Lexington St.

Filed 9/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27. 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Ten years 190 to death 190

that I last saw her alive on August 21 1908,

and that death occurred, on the date stated above, at 9.05 P. M. The CAUSE OF DEATH was as follows:

Senile Bronchitis.

Six months (DURATION) DAYS

Contributory Senility.

(DURATION) DAYS

(Signed) P. S. Freed M. D.

Sept 28th 1908 (Address) 505 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto. Cem | DATE OF BURIAL Sept 29 1908

UNDERTAKER W. J. Tickner & Son | ADDRESS 425 N Gamden

Ward 17 C15999 Registered No. B C15999

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2815 Remington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Gilbraith Thornton

{ Residence, if in Baltimore, Give Street and Number. } 2815 Remington Ave

Duration of Residence in Baltimore, Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ~~years~~, 13 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER Jimmy Thornton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Frances Chapman

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jimmy Thornton

(Address) 2815 Remmington Ave

Filed 9/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27th, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1908 to Sept 29 1908 that I last saw her alive on Sept 27 1908 and that death occurred, on the date stated above, at 11.45 p.m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis

(DURATION) 14 DAYS

Con'tributory (Primary.) Intestinal toxaemia (DURATION) 4 DAYS

(Signed) D. Grantfrott M.D.

Address 354 N. Biddle st

Date Sept 29th 1908

Place of Burial Laurel Cem.

Date Sept 29 1908

Undertaker Geo. H. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28

# CERTIFICATE OF DEATH.

Registered No. B C16056

Peabody Apartment House.

City of Baltimore, (No. 4 Calvert & 30 Sts. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Reed Nadia Lester

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: June (Month) 9th (Day) 1895 (Year)

AGE: 13 years, 3 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore - Md

FULL NAME OF FATHER: Edward W. Lester

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Adelaide Waller

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF...

(Informant) A D Atkinson

(Address) 921 N. Chas St.

Filed 4/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 18 1908 to Sept 28 1908 that I last saw h im alive on Sept 28 1908, and that death occurred, on the date stated above, at 8 30 P M. The CAUSE OF DEATH was as follows:

Tuberculor Meningitis

(DURATION) 10 DAYS

Contributory Primary foci in left hip (DURATION) 4 years ~~DAYS~~

(Signed) A. D. Atkinson M. D.

Sept 29 1908 (Address) 921 N Chas St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Sept 30 1908

UNDERTAKER: Geo. J. Smith, Co.

ADDRESS: Dolphin & Fayette Sts.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C16001 Registered No. B C16001

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Jos. German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harry C Mathieu

{Residence, if in Baltimore, Give Street and Number.} 1201 N. Caroline St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 8th 1874

AGE 34 years, 10 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ferdinand C Mathieu M.D.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary A. Bosse

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Attorney at Law.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony F. Mathieu M.D.D.S.

(Address) 1133 E. Balto. St.

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Sept 27 1908

that I last saw h m alive on Sept 27 1908,

and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis following typhoid perforation

(DURATION) DAYS

~~Contributory~~ (Primary.)

Typhoid (DURATION) 33 DAYS

(Signed) John H Coughlin M.D.

Address St. Jos. Hosp.

Date Sept 27 1908

Place of Burial Cathedral Cemetery

Date October 1" 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16002

C16002

27

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16002

City of Baltimore, (No. 657, Portland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Svijcek. (Svijcek)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: [illegible] (Month) [illegible] (Day) 1884 (Year)

AGE: 24 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Joseph Tighe

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Emma Hoke

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mr Adam Svijcek

(Address) 657 Portland St

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 27 1908 that I last saw her alive on Sept 27 1908, and that death occurred, on the date stated above, at 11.15 P. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. Brulle M. D.

Sept 27 1908 (Address) 113 Hill St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | Sept 30" 1908 |
| UNDERTAKER | ADDRESS |
| Geo Lunn Sons | 64 W. Balt St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C16003

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1526 Druid Hill Ave. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Howard C Lee

{ Residence, if in Baltimore, Give Street and Number. } 1526 Druid Hill Ave

C16003

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 1 1908

AGE: ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Clarence A Lee

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lucella Phillips

BIRTHPLACE OF MOTHER (State or country): Balto. Co

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucella Lee

(Address) 1526 Druid Hill Ave

Filed Sept 29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Convulsions (DURATION) 3 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bradshaw Comm M.D.

Address 700 N. Lafayette Ave.

Date Sept 29 1908.

Place of Burial Laurel

Date Sept 29 1908

Undertaker R A Elliott

Address 506 Roper Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B C16004

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 Fairmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hornsbey

{ Residence, if in Baltimore, Give Street and Number. } 2023 Fairmount ave

C16004

Duration of Residence in Baltimore. 24 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 29, 1871

AGE 37 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Elias Oliver

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Susie Hayden

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel A. Hornsbey

(Address) 2023 Fairmount Ave

Filed Sep 29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 31st 1908 to Sep. 29th 1908

that I last saw her alive on Sep. 28th 1908

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. H. Johnson M.D.

Address 2017 E. Baltimore St.

Date Sep. 29th 1908

Place of Burial Lillian, Va.

Date Sept 30 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C16005 Registered No. B C16005

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter F. Gillen

{Residence, if in Baltimore, Give Street and Number.} 910 E. Eager St. (Gillen)

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James Gillen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie McElroy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Hengl

(Address) 910 E. Eager St

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1908 to Sept. 28 1908 that I last saw him alive on Sept. 27 1908, and that death occurred, on the date stated above, at 4.5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Probable heart failure (found dead in bed.)

(DURATION) DAYS

Contributory (Primary) Chronic gastritis (DURATION) DAYS

(Signed) Wm. Schmidt M.D.

Address City Hospital

Date Sept. 28 1908

Place of Burial New Cathedral Cemetery

Date October 1st 1908

Undertaker Henry Storck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C 16006

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 17 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Washington Green

Residence, Give Street and Number, 17 W. Mulberry St.

Duration of Residence in Baltimore, Forty years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH March 19th 1816

AGE 92 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Concord Delaware

FULL NAME OF FATHER Maj. General Jesse Green

BIRTHPLACE OF FATHER (State or county) Port-Tobacco Virginia

MAIDEN NAME OF MOTHER Elizabeth Sundby

BIRTHPLACE OF MOTHER (State or county) Concord Delaware

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Clara Kirkland

(Address) 17 W. Mulberry St.

Filed 9/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 28 1908

I HEREBY CERTIFY, That I attended deceased from 1900 to 9/28 1908

that I last saw him alive on 9/28 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Old age

(DURATION) DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) Wilbur P. Morgan M. D.

Address 315 W Monument St

Date Sept 29th 1908

Place of Burial Greenmount

Date Sept 30th 1908 190

Undertaker Hendrickson Bros Co

Address 200 E Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C1600?

Ward 9 C1600? Registered No. B

# CERTIFICATE OF DEATH.

44

(Place of Death.) No. 1317 North Central Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles T. Gibson, Sr.

{Residence, if in Baltimore, Give Street and Number.} 1317 N. Central Ave.

Duration of Residence in Baltimore. 76 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1" 1827

AGE 81 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Georgetown, D. C.

FULL NAME OF FATHER Charles Gibson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Lock Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George B. Gibson Jr.

(Address) 1406 N. Central Ave

Filed 9/29 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Sept 27th 1908

that I last saw him alive on Sept 27th 1908,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia due to generale lack of nutrition and old age.

(DURATION) — DAYS

Contributory (Primary.) Carcinoma of side of head & neck extension (DURATION) DAYS

(Signed) J. M. Lynch M.D.

Address 838 E Preston

Date Sept 29th 1908.

Place of Burial Green Mount

Date Sept 30 1908

Undertaker Henry W. Mears & Son

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16008

City of Baltimore, (No. 2825 Hampden ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. May Smith

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 28 (Day) 1908 (Year)

AGE — years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) ~~Baltimore~~ City, Md.

FULL NAME OF FATHER Chas. Smith

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER May Baker

BIRTHPLACE OF MOTHER (State or country) Carroll Co, Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas Smith

(Address) 2825 Hampden ave

Filed 9/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Sept 29 1908 that I last saw h[illegible] alive on Sept 28 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Enteritis, Malnutrition 6 Months (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) W. S. Lane M. D.

Sept 29 1908 (Address) 1E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Reisterstown Md | Sept 30 1908 |
| UNDERTAKER | ADDRESS |
| W. S. Marshall | 353 Fall Road |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C16009

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2332 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Nelson

{ Residence, if in Baltimore, Give Street and Number. } 2332 E. Baltimore St.

Duration of Residence in Baltimore. 50 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 15th 1840

AGE 68 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael McNeill.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Burgess

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Nelson

(Address) 2332 E. Baltimore St.

Filed Sept 30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Sept 27 1908 that I last saw h[illegible] alive on Sept 27 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cr. Inst Nephritis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible] Bueto St

Date Sept 29 - 08 1908

Place of Burial Holy Cross

Date Sept 30th 1908

Undertaker Lilly & Feiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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# CERTIFICATE OF DEATH.

Registered No. B C16010

City of Baltimore, (No. 2004, Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie Loosh.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 2nd (Day) 1835 (Year)

AGE: 73 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: — Mc. Carthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Jennie Loosh

(Address) 2004 Mc Culloh St.

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 28th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1908 to Sept 27th 1908 that I last saw her alive on Sept 27th 1908, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) DAYS

Contributory Old Age

(DURATION) DAYS

(Signed) Samuel Weinberg M. D.

Sept 28th 1908 (Address) 1302 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Sept 30 1908

UNDERTAKER: Robt Stamm | ADDRESS: 147 & Penna

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C16011 Registered No. B 56

# CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeop Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. H. Rustling

{Residence, if in Baltimore, Give Street and Number.} 705 Green St.

Duration of Residence in Baltimore. 10 yrs - 6 mo

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Not Known 1

AGE 42 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Howard

(Address) 13-N High St

Filed 9/30 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1908 to Sept. 28 1908 that I last saw him alive on Sept. 28 1908, and that death occurred, on the date stated above, at 1.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

— (DURATION) — DAYS

Contributory (Primary.) Mania-a-Potu

(DURATION) DAYS

(Signed) L. R. LeRite M.D.

Address Md. Homeop Hosp.

Date Sept. 28 1908

Place of Burial Dale Cemetery

Date Sept 30 1908

Undertaker Robt Turner

Address 1414 N Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16012

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

C16012

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 232, Bowers Court, ~~Str.~~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard H. Mackell.

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Male. | COLOR: Colored |
| DATE OF BIRTH: July. (Month) 28th (Day) 1908 (Year) | |
| AGE: — years, 3 months, ..... days | |
| SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single | |
| BIRTHPLACE (State or country): Baltimore Md. | |
| FULL NAME OF FATHER: John T. Mackell. | |
| BIRTHPLACE OF FATHER (State or country): Carroll. Co. Md. | |
| MAIDEN NAME OF MOTHER: Fanny Smith. | |
| BIRTHPLACE OF MOTHER (State or country): Baltimore Md. | |
| OCCUPATION OF DECEASED: — | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Mackell.

(Address) 232 Bowers. Court.

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1908 to Sept 28th 1908 that I last saw h im alive on Sept 28th 1908, and that death occurred, on the date stated above, at 12/20 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis (DURATION) 2 DAYS

Contributory Capillary Bronchitis. (DURATION) 2 DAYS

(Signed) William Burdeker M. D.

Sept 28th 1908 (Address) 914 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | Sept 30th 1908 |
| **UNDERTAKER** | **ADDRESS** |
| A. J. Freeland | 106 N. Eutaw St |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C16013 Registered No. B C16013

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 313 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Weber

{Residence, if in Baltimore, Give Street and Number.} 313 S. Gilmor St

Duration of Residence in Baltimore. 56 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30" 1846

AGE: 62 years, 5 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Weber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Weber

(Address) 313 S. Gilmor St

Filed 9/30 1908 HARRY C. ANDREWS, DEPUTY CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26" 1908 to Sept 29" 1908

that I last saw h alive on Sept 29" 1908

and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Intussusception

(DURATION) 2 DAYS

(Signed) J. O. Bayer M.D.

Address 1108 S. Gilmor St

Date Sept 29" 1908

Place of Burial Western Cem

Date Oct 1 1908

Undertaker Jos 13 Cook

Address 1603 N. Balto.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltim...

C16014

Ward 14

Registered No. B C16014

142

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Dunkerley

{Residence, if in Baltimore, Give Street and Number.} 1823 Wilhelm St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 3. 1836

AGE 72 years, 5 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Dunkerley

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dunkerley.

(Address) 1823 Wilhelm St.,

Filed 9/30 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 21 1908 to Sept. 28 1908 that I last saw h in alive on Sept 28 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) 7 DAYS

Contributory (Primary.) Gangrene of toe (DURATION) 14 DAYS

(Signed) Chas Dunkerley M.D.

Address Franklin Sq. Hosp

Date Sept. 28 1908

Place of Burial Western Cem

Date Sept 30. 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

C16015

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

# CERTIFICATE OF DEATH.

Registered No. B C16015

City of Baltimore, (No. 38, Hafer St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Conrad Foge

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 15 (Day) 18[illegible] (Year)

AGE: 81 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Zimmerman

(Address) 38 Hafer St.

Filed 9/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21st 1908 to Sept. 29 1908 that I last saw h[illegible] in alive on Sept 28th 1908, and that death occurred, on the date stated above, at 3-22 A. M. The CAUSE OF DEATH was as follows:

Old Age.

(DURATION) [illegible] DAYS

Contributory Bronchitis

(DURATION) 9 DAYS

(Signed) H. W. Habner M. D.

Sept. 29th 1908 (Address) 723 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem | DATE OF BURIAL: Oct 1 1908

UNDERTAKER: Jos B Cook | ADDRESS: 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 27

C16016

Registered No. B C16016

10 6

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Anne Bosley.

{Residence, if in Baltimore, Give Street and Number.} 627 Light St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 23 1834

AGE: 74 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ross Bell

(Address) 627 Light St

Filed 9/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1908 to Sept. 28 1908 that I last saw h.. alive on Sept 28 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Laparotomy for Hernia (DURATION) 2 DAYS

(Signed) Roger Duffy M.D.

Address Franklin Sq. Hospital

Date Sept. 28 1908

Place of Burial BALTIMORE CEMETARY.

Date OCT 1 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C16017 Registered No. B C16017

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1351 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Brown

{Residence, if in Baltimore, Give Street and Number.} 1357 Ward St

Duration of Residence in Baltimore. 25 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 30th, 1859

AGE: 49 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Brown

(Address) 1357 Ward St

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1908 to Sept 26th 1908 that I last saw him alive on Sept 26 1908, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro Pneumonia (DURATION) 7 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leith M.D.

Address 1313 W. North Ave

Date Sept 28th 1908

Place of Burial Mt Zion cemetery

Date Sept 30 1908

Undertaker Geo H Hooper

Address 609 Little Rice St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16018 Registered No. B 34

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 ~~Calhoun~~ Calhoun Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Condon Ward

{ Residence, if in Baltimore, Give Street and Number. } 1313 Calhoun St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert Ward

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Margret Lewis

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Ward

(Address) 1313 Calhoun St

Filed 9/30 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29, 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to Sept. 29 1908 that I last saw him alive on Sept 29 1908 5:30 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Elbow, Ankle & Peritonitis. (DURATION) 1½ - 2 YRS.

Contributory (Primary.) (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Sept. 29, 1908.

Place of Burial Baltimore Bay View Co

Date Oct 1 1908

Undertaker Charles E. Wright

Address 1364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

Ward 14 C16019 Registered No. B C16019

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2213 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Madden

{Residence, if in Baltimore, Give Street and Number.} 2213 Druid Hill Ave

Duration of Residence in Baltimore. 12 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Ed

DATE OF BIRTH ..... 1 .....

AGE 45 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Snowden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline Brady

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edith Snowden

(Address) 2213 Druid Hill Ave

Filed 9/30 1908 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 30 1908 that I last saw h[er] alive on " 30 1908 and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Three months (DURATION) ---

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. Mclane M.D.

Address 1803 W North Ave

Date Sept 30 1908

Place of Burial Mt Olivet

Date Oct 2 1908

Undertaker Thomas Wright

Address 614 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16020 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 654 Bradley Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Harris

{Residence, if in Baltimore, Give Street and Number.} 654 Bradley Av.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Do

MAIDEN NAME OF MOTHER: Lavinia Harris

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1908.

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

from Birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 N. Lafayette Ave

Date Sept. 28 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 29 1908 190....

Commissioner of Health.

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

Without Fee SOLE FOR MFG. PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

17

C16021

50

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2842, Huntington Ave St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T Kelly

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | white |
| DATE OF BIRTH | Dec 19 1846 (Month) (Day) (Year) |
| AGE | 62 years, 8 months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | widowed |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Timothy Kelly |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Bridget Mitchell |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Retired Police Officer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs T S Brown

(Address) 2842 Huntington

Filed 9/30 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Sept 28 1908 that I last saw h im alive on Sept 27 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

Indefinite (Years) (DURATION) DAYS

Contributory Gangrene of Thigh (DURATION) 28 DAYS

(Signed) R B Norwood M. D.

Sept 28 1908 (Address) 3343 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| | |
|---|---|
| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| St Peters | Oct 1st 1908 |
| UNDERTAKER | ADDRESS |
| A F Phelbin | 1711 Cedar |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

C16022 Registered No. B C16022

120

# CERTIFICATE OF DEATH.

(Place of Death.) No. 8 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Winston

{Residence, if in Baltimore, Give Street and Number.} 8 N. Stockton

Duration of Residence in Baltimore. 16 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 53 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) . . . .

MAIDEN NAME OF MOTHER Mary Tinsley

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Patrick Winston

(Address) 8 N. Stockton St

Filed 9/30 1908 HARRY C. ANDREWS, CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1908

I HEREBY CERTIFY, That I attended deceased from .....1900..... to .....1900.....

that I last saw h..... alive on .....1900.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Chronic Nephritis

.....(DURATION).....DAYS

Contributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Herbert C. Blake M.D.

Address 10 W. N. Lafayette

Date Sept 28 - Coroner 1908

Place of Burial Mt. Auburn Cem

Date Sept 30 1908

Undertaker Jane! M. Chase & Son

Address 1100. Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C16023 — Registered No. B C16023

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1115 McElderry St — (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Esther Bunnett

{Residence, if in Baltimore, Give Street and Number.} 1115 McElderry St.

Duration of Residence in Baltimore. Thirty yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 10-20-1845

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Moses Abrahams

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER do not Known

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. R. Vanzandt Jr.

(Address) 15 S. Eutaw

Filed 9/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28th 1908.

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Sept 27 1908

that I last saw her alive on Sept 27 1908,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Fraction

(DURATION) DAYS

Contributory (Primary.) Valvular disease of the heart (DURATION) 4 yrs DAYS

(Signed) Robert J. Green M.D.

Address 127 Linganite St.

Date Sept 29th 1908

Place of Burial Hebrew Friendship Cem

Date Dec 1 1908

Undertaker J. Shipps & Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16024

City of Baltimore, (No. 9 S. Robinson St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Robert and May Zimmer

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 27 (Day) 1908 (Year)

AGE: ..... years, ..... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Robert Zimmer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Lillian Reed

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Robert Zimmer

(Address) 9 S Robinson St

Filed 9/30 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 29th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Sept 29 1908, that I last saw him alive on Sept 29 1908, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Premature

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. S. Sadler M. D.

Sept 29 1908 (Address) 332 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Oct 1 1908 |
| **UNDERTAKER** | **ADDRESS** |
| Walter W. Shriver | 816 Fremont Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

anton W

READ THE LAW PRINTED ON THE MARGIN. C16025

# HEALTH DEPARTMENT, City of Baltimore.

C16025

Ward 3

Registered No. C 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Eastern Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Wojas

Residence, Give Street and Number, 1532 Eastern

Duration of Residence in Baltimore, 4yr

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: 1

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Frank. wojas

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Josafa Sydlarska

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josafa wojas

(Address) 1532 Eastern ave

Filed 9/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Sept 29 1908

that I last saw h — alive on Sept 29 1908

and that death occurred, on the date stated above, at P M.

CAUSE OF DEATH (Secondary or Immediate,)

acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Wachtarz M. D.

Address 16 0 Bradley

Date 9/30 1908

Place of Burial St Stanislaus

Date Thursday Oct 1st 1908

Undertaker M F. Dadowski

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Stanislaus Jan

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT

# HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. C 16026

C16026

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2618 Hudson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Stanislaus Jandrusak

Residence, Give Street and Number, 2618 Hudson St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Aug. 14th 1908

AGE years, 1 months, 15 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Stephen Jandrusak.

BIRTHPLACE OF FATHER (State or county) Germany Poland

MAIDEN NAME OF MOTHER Anastazja Chichowiak

BIRTHPLACE OF MOTHER (State or county) Germany Poland

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Stephen Jandrusak.

(Address) 2618 Hudson St.

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 19th 1908 to Sept 29th 1908

that I last saw him alive on Sept 29th 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions (DURATION) DAYS

Contributory (Primary) Gastro Enteritis (DURATION) 10 DAYS

(Signed) C. V. Kelly M. D.

Address 3200 Hudson st

Date Sept 30th 1908

Place of Burial St Stanislaus.

Date Wednesday Sep 30th 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C16027 — Registered No. C C16027

# CERTIFICATE OF DEATH.

50

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Rosenheim.

Residence, Give Street and Number, 2418 Madison Ave

Duration of Residence in Baltimore, 50 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: [redacted] 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or couuty): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Rosenheim

(Address) 2418 Madison Ave

Filed 9/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Sept 30 1908

that last saw h[illegible] alive on Sept 30 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate,)

Diabetic gangrene

(DURATION) 60 (about) DAYS

Contributory (Primary) Diabetes Mellitus

(DURATION) Unknown DAYS

(Signed) S. T. Streett M. D.

Address Md Genl Hospital

Date Sept 30 1908

Place of Burial Hebrew Friendship

Date Oct 1st 1908

Undertaker Howard Rosenheim

Address 923 Madison Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 6 C16028 Registered No. B C16028

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2434 E Fayette St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas Schaake

{ Residence, if in Baltimore, Give Street and Number. } 2434 E Fayette

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | M |
| COLOR | W |
| DATE OF BIRTH | Sept 30 1908 |
| AGE | ..... years, ..... months, 2 hrs days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | — |
| BIRTHPLACE (State or country) | Balto |
| FULL NAME OF FATHER | Chas Schaake |
| BIRTHPLACE OF FATHER (State or country) | Balto |
| MAIDEN NAME OF MOTHER | Mary E. Mundo. |
| BIRTHPLACE OF MOTHER (State or country) | Balto |
| OCCUPATION OF DECEASED | — |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schaake

(Address) 2434 E Fayette St

Filed 9/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Sept 30 1908

that I last saw h— alive on Sept 30 1908

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity Built

(7 mos)

(DURATION) 2 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 W Saratoga

Date Sept 30 1908

Place of Burial Oak Lawn Cemetery

Date August 30 1908

Undertaker Mc Ginnis - Carroll

Address 1227 Druid Hill Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C16029 Registered No. B C16029

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Crawford.

{Residence, if in Baltimore, Give Street and Number.} 502 Biddle alley

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 38 years, ... month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Ebenezer crawford

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Laura Crawford

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Crawford

(Address) 502 Biddle alley

Filed 9/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1908 to Sept 29 1908

that I last saw him alive on Sept 29 1908

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) ... DAYS

Contributory (Primary.) Typhoid (DURATION) ... DAYS

(Signed) Thos. J. Schmitt M.D.

Address City Hospital

Date Sept 29 1908

Place of Burial Mount Auburn

Date Sept 30 1908

Undertaker John H Owens & Son

Address 1822 Dumas ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B C16030

C16030

# CERTIFICATE OF DEATH.

164

(Place of Death.) No. Johns Hopkins Hospital

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Basini

{Residence, if in Baltimore, Give Street and Number.} 325 S Spring

Duration of Residence in Baltimore. 2 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 30 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dom. Fiaglio

(Address) 319 S. Spring st.

Filed 9/30 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

Face.

Pierce Arrow (DURATION) d DAYS

Contributory (Primary.) Fell on Curb

(DURATION) DAYS

(Signed) Fred Carnuse M.D.

Address Coroners Office

Date Sept 29 1908

Place of Burial Holy Rosary Cem

Date Oct. 1st. 1908

Undertaker Mudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, City of Baltimore.

Ward W

C16031

Registered No. C C16031

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2239 Mary Anna St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles D Baer

Residence, Give Street and Number, 2239 Mary Anna

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 29. 1908

AGE: 7 hrs

.....years, .....months, .....~~days~~

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Charles D Baer

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Catherine K Schmidt

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Charles Baer

(Address) 2239 Maryanna St.

Filed 9/30 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30. 1908

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) Hubert C Blake M. D.

Address 1014 W. La Fayette

Date Sept 30. Coroner 1908

Place of Burial Loudon Park

Date Sept 30 1908

Undertaker Mrs Ida P Pauline

Address 2101 Frederick Ave.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 1

Registered No. B C16032

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. Bennett Court St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name Mrs. J. Block

{Residence, if in Baltimore, Give Street and Number.} (Brooklyn. N. Y.)

Duration of Residence in Baltimore. Over Two

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Unknown 1

AGE about 68 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED and 4 mos Sept 30

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Oct 1 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from .....19o.....to.....19o.....

that I last saw h.....alive on Sept 29 1908 at 11 P.M.

and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

.....(DURATION).....

Contributory (Primary.) .....

.....(DURATION).....

(Signed) W. Riley MD Coroner

Address 1639 Bradley

Date Sept 30 1908

Place of Burial Brooklyn New York

Date Oct 3rd 1908

Undertaker Stewart & Mowrey Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C16033

Ward 18 C16033 Registered No. B 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 111 S Pappleton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Andrew Lee Hart

{Residence, if in Baltimore, Give Street and Number.} 111 S Pappleton St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: June 17th 1908

AGE: ..... years, 3. months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Wm J Barnes.

BIRTHPLACE OF FATHER (State or country): Balto County Md

MAIDEN NAME OF MOTHER: Elsie Hart.

BIRTHPLACE OF MOTHER (State or country): Balto City.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elsie Barnes

(Address) 111 S Pappleton St

Filed 10/1 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Sept 29 1908 that I last saw him alive on Sept 29 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 5 DAYS

Contributory (Primary.) Gastro enteritis (DURATION) 17 DAYS

(Signed) M. O'Neill M.D.

Address 108 N. Fulton Ave

Date Sept 30 1908

Place of Burial Loudon Park

Date Oct 2 1908. 190

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16034

Ward 4

C16034

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1833 Hope St St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Annie E Sealor

Residence, Give Street and Number, 1833 Hope St

Duration of Residence in Baltimore, 2½ yrs

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Nov. 9 1

AGE 63 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Pa

FULL NAME OF FATHER Adam Creek

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sealor

(Address) 1833 Hope

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Sept 29 1908

that I last saw her alive on Sept 29 1908

and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Double Pneumonia Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Typhoid

(DURATION) 30 DAYS

(Signed) R. P. Carman M. D.

Address 1701 N Carolina Ave

Date Sept 30 1908

Place of Burial Delta Pa

Date Oct 1/08 1908

Undertaker Wm Cook

Address 1032 E Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C16035

Ward 7

C16035 Registered No. B

155

# CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie A. Schaeffer

{Residence, if in Baltimore, Give Street and Number.} 1154 Pulkney st

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gerber

(Address) 1217 Stockholm

Filed 10/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate.)

Suicide from overdose of Carbolic acid.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Hubert C Blake M.D.

Address 1014 W Lafayette ave

Date Sept 29-08 Coroner 1908

Place of Burial St Peters Cem

Date Oct 1 1908

Undertaker John J Curran

Address 1901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

121

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16036

City of Baltimore, (No. 424 Hickory Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis a. Gillard

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 26 (Day) 1863 (Year)

AGE: 45 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Noah Taylor

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Weaver

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Gillard

(Address) 424 Hickory Ave

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Sept 30 1908

that I last saw h[illegible] alive on Sept 30 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory acute Congestion of the Kidneys (DURATION) 5 DAYS

(Signed) A Rubert M. D.

Oct 1 1908 (Address) 765 3d Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 2 1908

UNDERTAKER: Horace Burgee — ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C16037 Registered No. B C16037

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1910 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Hesson Enson

{Residence, if in Baltimore, Give Street and Number.} 1910 Pennsylvania Ave.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 14th 1868

AGE: 40 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Chilcoat Enson

BIRTHPLACE OF FATHER (State or country): Baltimore County

MAIDEN NAME OF MOTHER: Ruth Goot Duncan

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: Surveyor's Assistant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Susie Anna Enson (wife)

(Address) 1910 Pennsylvania Ave

Filed 10/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Sept. 30th 1908

that I last saw him alive on Sept. 29th 1908,

and that death occurred, on the date stated above, at 3.40 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

3 months (DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) P. Bibles Jr. M.D.

Address 821 N. Fremont Ave

Date Sept. 30th 1908

Place of Burial Loudon Park Cemetery

Date Oct 2 1908

Undertaker Wilbur W Skinner

Address 916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C16038 Registered No. B C16038

# CERTIFICATE OF DEATH. 12°

(Place of Death.) No. Baltimore City Hospitals (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George P. Earle.

{Residence, if in Baltimore, Give Street and Number.} 409 S. Payson St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Jan 3 1852 |
| AGE | 56 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Balt Md |
| FULL NAME OF FATHER | John Earle |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | — — — |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | Builder |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo P. Earle

(Address) 409 S Payson St

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1908 to Sept. 30 1908 that I last saw h in alive on Sept 29 1908, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Con'tributory (Primary) Pulmonal Consumption

St Brights (DURATION) DAYS

(Signed) Wm J Schmidt M.D.

Address City Hosp.

Date Sept. 30 1908

Place of Burial Lauden Park

Date Oct 2 1908

Undertaker L S Funk

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16039 Registered No. B C16039

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1509 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Fennell.

{Residence, if in Baltimore, Give Street and Number.} 1509 Druid Hill Ave

Duration of Residence in Baltimore. 1 f years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fennell

(Address) 1509 Druid Hill Ave

Filed 10/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to Sept 30 1908

that I last saw h alive on Sept 28 1908

and that death occurred, on the date stated above, at 6a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

One year (DURATION) — DAYS

Con'ributory (Primary.) Influenza

— (DURATION) — DAYS

(Signed) Edward J. Wheeler M.D.

Address 1230 Division Ave

Date Sept. 30 1908

Place of Burial Mt Auburn Cmt

Date Sept 2nd 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16040 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C16040

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Mosher al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas R. Chew

Residence, Give Street and Number, 1107 Mosher al.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Prisn-Am

DATE OF BIRTH: 1869

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto. Co.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Chew

(Address) 1107 Mosher al

Filed ... 190 ... HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3d 1908 to Sept. 29th 1908 that I last saw h— alive on Sept. 28th 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Phthisis

4 weeks (DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) A. Lee Owens M. D.

Address 92 2 Mod. Ave

Date Sept. 29th 1908

Place of Burial Mt Auburn

Date Oct 1 1908

Undertaker Alex Bruneday

Address 578 W Biddle St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C16041 Registered No. B C16041

# CERTIFICATE OF DEATH.

157

(Place of Death.) No. 308 Lewis St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence L. Gibson

{ Residence, if in Baltimore, Give Street and Number. } 308 Lewis St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B.

DATE OF BIRTH ..... 1 .....

AGE X years, 2 months, X days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Camille Lochus M.D.

Address .....

Date Sept 29 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 30 1908

Undertaker Commissioner Health, Per Wm. E. Woodyard

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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READ THE LAW PRINTED ON THE

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C16042 — Registered No. C C16042

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Knight.

Residence, Give Street and Number, St. Vincents Inf. Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Sept. 2 1908

AGE ..... years, ..... months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 10/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 2 1908 to Sept. 30 1908

that I last saw h alive on 29 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

.....

.....

.....(DURATION).....DAYS

Contributory (Primary) .....

.....(DURATION).....DAYS

(Signed) E. M. Hayman M. D.

Address 1230 N. Carolina

Date Sept 30 1908

Place of Burial New Cathedral

Date October 1 1908

Undertaker Martin Brokey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16043 THIS IS A PERMANENT RECORD

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16043

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Ricketts

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W.

DATE OF BIRTH July 13 1908

AGE 2 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy.

(Address)

Filed 10/1 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1908 to Sept. 29 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. A. Hayman M. D.

Address 1135 Linden Ave

Date Sept. 30 1908

Place of Burial New Cathedral

Date October 1 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

C16044 Registered No. C C16044

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Georgeana

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR Col.

DATE OF BIRTH 1907

AGE years, 1 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy.

(Address)

Filed 10/1 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 29 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E N Maynard M. D.

Address 1235 N Caroline

Date Sept 30 1908

Place of Burial New Cathedral

Date Oct 1 1908

Undertaker Martin F. Kahey & Sons

Address 610 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

C16045

Registered No. C C16045

# CERTIFICATE OF DEATH.

90

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Nelson

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR N.

DATE OF BIRTH January 1908

AGE 9 years, 1 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asylum

(Address)

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Sept 30 1908

that I last saw h alive on Sept 29 1908

and that death occurred, on the date stated above, at 2 a M.

CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E McMorran M. D.

Address 1230 Neavitt

Date Sept. 30 1908

Place of Burial New Cathedral

Date ~~Sept.~~ October 1 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

..., City of Baltimore.

C16046 Registered No. B C16046

119

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Wilkes

{Residence, if in Baltimore, Give Street and Number.} 1141 Whatcoat

Duration of Residence in Baltimore. 16 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH April 1865 86

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Gunnard Wilkes

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Polly Edward

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Hod Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Wilkes

(Address) 1141 Whatcoat

Filed 10/1 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Sept 29 1908

that I last saw him alive on Sept 29 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) DAYS

(Signed) C A Dacon M.D.

Address 923 N Carrollton Ave

Date Oct 1 1908

Place of Burial Mt Zion

Date Oct 2 1908

Undertaker Wm J Johnson

Address 611 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16047 Registered No. B C16047

156

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 Mc Culloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Freed.

{Residence, if in Baltimore, Give Street and Number.} 1922 Mc Culloh St.

Duration of Residence in Baltimore. 9 mos.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Rodgers

(Address) 1922 Mc Culloh St

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inhalation of illuminating gas.

(DURATION) DAYS

Contributory (Primary.) Suicide

(DURATION) DAYS

(Signed) Silas Bratton M.D. Coroner

Address 700 N. Lafayette Ave.

Date Sept 30 1908.

Place of Burial Lyndale Park

Date Oct 2 1908

Undertaker Jno J. Taylor & Son

Address 125 E. William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16048 Registered No. B C16048

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 709 S Milton ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Schlingman

{Residence, if in Baltimore, Give Street and Number.} 709 Milton ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 5th 1853

AGE 55 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Phillip Brockman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christiane Bladdmyer

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Schlingman

(Address) 709 S. Milton Ave.

Filed 10/1 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comer M.D.

Address 320 N Gurney St.

Date 190

Place of Burial E. Bank Cemetery

Date Oct. 1st 1908

Undertaker W. Sander Sons

Address 1716 Caroline Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...t, City of Baltimore.

C16049 Registered No. B C16049

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. ~~22~~ E. Cr. Franklin & Greene Sts. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm J. Miller

{Residence, if in Baltimore, Give Street and Number.} 402 N. Greene St

Duration of Residence in Baltimore. 1½ years

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH September 12 1873

AGE 35 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): N. Carolina

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. N. Miller

(Address) Roanoke City Va

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) Cerebral Hemorrhage

Suddenly (DURATION) ..... DAYS

(Signed) Silas Baltimore M.D.

Address 700 N Laf Ave. Coroner

Date Sept. 30 1908.

Place of Burial Putnam: N. Carolina

Date Oct. 1st 1908

Undertaker George J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

...ENT, City of Baltimore.

Ward 6

Registered No. C 060313

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 N Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Marie Hall.

Residence, Give Street and Number, 1834 N. Durham

Duration of Residence in Baltimore, 24

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female. COLOR W.

DATE OF BIRTH Feb. 12, 1908

AGE ... years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balt.

FULL NAME OF FATHER Robt. Hall

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Blanche Dicken

BIRTHPLACE OF MOTHER (State or county) Baltimore.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Hall.

(Address) 1834 N. Durham.

Filed 10/1 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept. 30 1908

that I last saw h[illegible] alive on Sept. 30 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Summer Disorder.

Contributory (Primary) Marasmus (DURATION) ... DAYS

(DURATION) ... DAYS

(Signed) E Schwatt M. D.

Address 1719 E Eager St

Date Sept 30 1908

Place of Burial St Mathews Cemetery

Date Oct 2 1908

Undertaker Robt J Brown

Address 1443 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...T, City of Baltimore.

Ward ... C16051 Registered No. B C16051

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 117 McComas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Averby

{ Residence, if in Baltimore, Give Street and Number. } 117 McComas st.

Duration of Residence in Baltimore. life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | June 3d 1908 |
| AGE | ... years, 4 months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | John L. Averby |
| BIRTHPLACE OF FATHER (State or country) | North Carolina |
| MAIDEN NAME OF MOTHER | Gertrude Gerard |
| BIRTHPLACE OF MOTHER (State or country) | Balt. Md. |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Averby

(Address) 117 McComas st.

Filed 10/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Oct. 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Oct. 1st 1908

that I last saw her alive on Sept. 30 1908,

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 4 mos ~~DAYS~~

Contributory (Primary.) Exhaustion

(DURATION) 30 DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Carolina St.

Date Oct. 1st 1908.

Place of Burial Rest Lawn

Date Oct 2 1908

Undertaker Robt J. Turner

Address 1424 Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

, City of Baltimore.

Registered No. B C16052

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Germain Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 40

Full Name Charles Rungold

{Residence, if in Baltimore, Give Street and Number.} # 1111 Whitevat St.

Duration of Residence in Baltimore. 18 Months

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Ed

DATE OF BIRTH 1 1

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Rungold

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ella Rungold

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Colour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Lee

(Address) 1111 Whitevat St

Filed Oct 2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Sept 29 1908 that I last saw h... alive on Sept 29 1908, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Carcinoma

2 Pylorus (DURATION) ... DAYS

(Signed) H. E. Wilkinson M.D.

Address St Josephs Hospital

Date 9-29-08 1908

Place of Burial Mt Auburn

Date Oct 1 1908

Undertaker Chancellor Swift

Address 1364 N Caroline St

WM. J. C. DU... RIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** whether married or single) of the person deceased, and the **cause and date of death.**

...ENT, City of Baltimore.

Registered No. C C16053

108

# CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Henderson

Residence, Give Street and Number, 5 Oxford St., Pocomoke City, Md

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: May-10th 1873

AGE: 33 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): Va.

FULL NAME OF FATHER: Levin Townsend

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Mary Haymans

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Townsend

(Address) Pocomoke City Md

Filed Oct 2nd 1908 HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to Sept 30 1908

that I last saw her alive on Sept 30 1908

and that death occurred, on the date stated above, at 4. P. M. CAUSE OF DEATH (Secondary or Immediate,)

Obstruction of intestines with auto intoxication.

(DURATION) DAYS

Contributory (Primary) Pelvic inflammation (Chronic) (DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hospital.

Date Sept 30 1908

Place of Burial Pocomoke City Md.

Date October 2nd 1908

Undertaker Wm M. Gaskins

Address Parks & Linden Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Baltimore.

C16054

C16054 Registered No. B

138

# CERTIFICATE OF DEATH.

(Place of Death.) No. 557 Union St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Smith

{Residence, if in Baltimore, Give Street and Number.} 557 Union St

Duration of Residence in Baltimore. Unknown

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Female | COLOR Col |
| DATE OF BIRTH 1 | |
| AGE 27 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Unknown |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Do |
| MAIDEN NAME OF MOTHER | Do |
| BIRTHPLACE OF MOTHER (State or country) | Do |
| OCCUPATION OF DECEASED | Cook |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Carson

(Address) 549 Dolphin St

Filed 10/2 1908 HARRY C. ANDREWS, Registrar

CERTIFY CLERK.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 30 1908.

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Suppression of urine due to pregnancy (DURATION) 2 DAYS

(Signed) Lee Baldwin M.D.

Address 700 N. Lafayette Corner

Date Oct 1 1908.

Place of Burial Mt Auburn

Date Oct 3 1908

Undertaker Hayes D Adams

Address 1001 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

...RTMENT, City of Baltimore.

C16055 Registered No. C C16055

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 617 N. Gueton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Gerber

Residence, Give Street and Number, 617 N. Gueton Ave

Duration of Residence in Baltimore, 60 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: August 3 1845

AGE: 63 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Switzerland

FULL NAME OF FATHER: John Gerber

BIRTHPLACE OF FATHER (State or county): Switzerland

MAIDEN NAME OF MOTHER: Anna Schumacher

BIRTHPLACE OF MOTHER (State or county): Switzerland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jordan

(Address) 217 S. Pine

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept. 30th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

died Instantly (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Lila Baldwin M. D.

Address Two Log. Av. Cor.

Date Oct. 30th 1908

Place of Burial Loudon Park Cy

Date Oct 4 1908

Undertaker Jos. Jordan, Son

Address 217 S. Pine

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

C16056 Registered No. C C16056

# CERTIFICATE OF DEATH. 91

(Place of Death.) No. 1820 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Gosnell

Residence, Give Street and Number, 1820 Wilhelm "

Duration of Residence in Baltimore, 20 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: Sept 1869

AGE: 39 years, c months, c days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Co

FULL NAME OF FATHER: Henry Rigby

BIRTHPLACE OF FATHER (State or county): Balto Co

MAIDEN NAME OF MOTHER: Amanda Baisment

BIRTHPLACE OF MOTHER (State or county): Balto Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Goodens

(Address) 217 S. Paca "

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Sept 30 1908

that I last saw h Er alive on Sept 25 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Bronchitis

Ns Tubercle Bacilli in

Sputum at any time) (DURATION) 4 Mos DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. F. Smith M. D.

Address 1628 W Lexington St

Date Sept 30 1908

Place of Burial Western Cemetery

Date Oct 2 1908

Undertaker Jos. Goodens, Son

Address 217 S. Paca "

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

# ...ALTH DEPARTMENT, City of Baltimore.

C16057

Ward 9

Registered No. C ..... 105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 34 S. High St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Dobkin

Residence, Give Street and Number, 34 S. High St.

Duration of Residence in Baltimore, 2 months

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| male | white |

DATE OF BIRTH: August 1 1908

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Rubin Dobkin

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Rosie Dobrovsky

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Hayman

(Address) 118 Orleans St.

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 1st 1908

I HEREBY CERTIFY, That I attended deceased from Septemb. 30 1908 to Octob. 1 1908

that I last saw him alive on Octob. 1 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis - Colitis

(DURATION) 5 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) M. Hirschman M. D.

Address 900 E. Baltimore

Date Octob. 2nd 1908

Place of Burial Pikesville Road Rosedale

Date Oct 2nd 1908

Undertaker Wm. Emerson

Address 620 McElderry St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) *cause and date of death* of the person deceased,

...EALTH DEPARTMENT, City of Baltimore.

C16058

Registered No. C C16058

116

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Lancaster St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benat Starun

Residence, Give Street and Number, 1735 Lancaster

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 20th 1902.

AGE: 5 years, 1 months, 11 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore. Md

FULL NAME OF FATHER: Charles Starun.

BIRTHPLACE OF FATHER (State or couuty): Austria.

MAIDEN NAME OF MOTHER: Mary Galewska.

BIRTHPLACE OF MOTHER (State or county): German Poland.

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Starun

(Address) 1735 Lancaster St

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 1 1908

that I last saw him alive on Oct 1 1908

and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary) Unknown

(DURATION) DAYS

(Signed) Joseph L Valentine M. D.

Address 163 Broadway

Date Oct 1 1908

Place of Burial Holy Rosary

Date Friday Oct 2" 1908

Undertaker M F Dadowski

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward.....

C16059

Registered No. C C16059

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry E. Schmidt

Residence, Give Street and Number, 1725 Ashland ave

Duration of Residence in Baltimore, Lifetime.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 14th 1887

AGE: 20 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Henry Schmidt.

BIRTHPLACE OF FATHER (State or county): Balto. Md.

MAIDEN NAME OF MOTHER: Annie K. W. Kabengel

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Printer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schmidt

(Address) 1725 Ashland Ave

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26 1908 to Sept 30 1908

that I last saw h[illegible] alive on Sept 30th 1908

and that death occurred, on the date stated above, at 8 15 A.M.

CAUSE OF DEATH (Secondary or Immediate,)

Intestinal Hemorrhage

Coma

(DURATION) 8 DAYS

Contributory (Primary) Typhoid fever

(DURATION) 36 DAYS

(Signed) Chas. B. Fuge M. D.

Address 830 N Broadway

Date Oct 1st 1908

Place of Burial London Park Cem

Date Oct 3rd 1908

Undertaker Geo M. Fink

Address 811 N Wolfe st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C16060 Registered No. C C16060

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1418 W Franklin St. St.

(If Death occurred in Hospital or Institution give Its Name Instead of Street and Number.)

Full Name Edna V. Harvey

Residence, Give Street and Number, 1418 W Franklin

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: white

DATE OF BIRTH: June 24 1884

AGE: 24 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): V Balto

FULL NAME OF FATHER: Chas W. Harvey

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Harvey

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Harvey

(Address) 1418 W Franklin

Filed 10/2 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: September 30 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to Sept 30 1908

that I last saw her alive on Sept 30 1908

and that death occurred, on the date stated above, at 10 P—M. CAUSE OF DEATH (Secondary or Immediate,

Consumption

8 Months (DURATION) DAY

Contributory (Primary)

(DURATION) DAY

(Signed) Edward H. Condon M. D.

Address 2112 N. Charles St

Date Oct 1. 1908 190

Place of Burial Loudon Park

Date Sept Oct 3/08 190

Undertaker Lowe & Co

Address 5028 North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

§ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C16061

Registered No. C C16061

14

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 Glyndon Ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Annie M Harrison

Residence, Give Street and Number, 1233 Glyndon ave

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX female

COLOR White

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Frederick Co Md

FULL NAME OF FATHER Wm H Stiver.

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Amelia Hilton

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Haller

(Address) 1233 Glyndon Ave.

Filed 10/2 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 1st. 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 12 190 8 to Oct 1 190 8

that I last saw her alive on Sept 22 190 8

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,

Nervous Prostration

(DURATION) 9 DAYS

Contributory (Primary) Dysentery

(DURATION) 2 months

(Signed) C V Hamm M. D.

Address Mt Winans.

Date Oct 1st 190 8

Place of Burial Loudon Park.

Date Oct 4/08 190

Undertaker Wm Cook

Address 502 E Baltimore

Remarks

Ward 1 C16062 Registered No. B C16062

# CERTIFICATE OF DEATH. 112

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Ramoser

{ Residence, if in Baltimore, Give Street and Number. } 1723 Lamont Ave.

Duration of Residence in Baltimore. 58 Years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1 |
| AGE | 75 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | ++ |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or country) | — |
| OCCUPATION OF DECEASED | Cannier |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Ramoser

(Address) 1723 Lamont Ave

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Sept 30 1908 that I last saw h[illegible] alive on Sept 29 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 23 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H E Wilkinson M.D.

Address St Josephs Hospital

Date 9-Oct-'08 1908

Place of Burial Loudenslake

Date Sept 4 1908

Undertaker Tom Cook

Address 502 E. Hamburg

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C16063

C16063

# CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1602 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sallie E Simmons

{Residence, if in Baltimore, Give Street and Number.} 1602 Pennsylvania Ave

Duration of Residence in Baltimore. 30 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 55 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Haller

(Address) 1233 James St

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug't 8 1908 to Sept 30 1908 that I last saw h[illegible] alive on Sept 30 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Cocinoma of the Breast (DURATION) 2 years

(Signed) John E Hall M.D.

Address 647 W. Lafayette Ave

Date Sept 31 1908

Place of Burial Druid Ridge Cemetery

Date October 4 1908

Undertaker Wm Cook

Address 502 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16064

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH. C16064

Registered No. B.....

City of Baltimore, (No. 400, E. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Fallon

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Fallon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Fallon

(Address) 400. E. Preston

Filed 10/2 1908

MARY C. ANDREWS, DEPUTY CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to Sept 30 1908 that I last saw him alive on Sept 30 1908, and that death occurred, on the date stated above, at 6 30 P.M. The CAUSE OF DEATH was as follows:

Interval Phthisis.

(DURATION) 90 DAYS

Contributory Exhaustion

(DURATION) 90 DAYS

(Signed) R. B. Saunders M. D.

Oct 1 1908 (Address) 219 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | Oct 3 1908 |
| UNDERTAKER | ADDRESS |
| Martin Fahey & Sons | 606 Lafayette Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C16065 Registered No. B C16065

66

# CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael McCarthy

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 40 Years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Aug: 1836

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel McCarthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Lenhey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 2d 1908

I HEREBY CERTIFY, That I attended deceased from In record 190 to 190

that I last saw him alive on Sept 30 1908,

and that death occurred, on the date stated above, at 6.40 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Oct 2 1908

Place of Burial Cathedral Cemetery

Date October 3rd 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

**SECTION 2.** *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16066

C16066

Ward 20

Registered No. B

79

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. M. D. Smith

{ Residence, if in Baltimore, Give Street and Number. } 2006. W. Fayette

Duration of Residence in Baltimore. Life Time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 7 1871

AGE 37 years, 4 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm. M. D. Smith

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary E. Porter

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Artist Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. D. Smith

(Address) 2006 W Fayette St

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to October 1 1908

that I last saw him alive on October 1 1908,

and that death occurred, on the date stated above, at 5.20 P. M.

CAUSE OF DEATH (Secondary or Immediate )

Valvular disease of Heart.

5 Months (DURATION) DAYS

Contributory (Primary) Prostration

(DURATION) 14 DAYS

(Signed) Chas L. Pritchett M.D.

Address 918 N. Arlington Ave

Date October 2nd 1908

Place of Burial Loudon Park

Date Oct 4 1908

Undertaker Geo W Little

Address 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16067 Registered No. B C16067

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1740 Friendship St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Duley

{ Residence, if in Baltimore, Give Street and Number. } 1740 Friendship Pl

Duration of Residence in Baltimore. 2 wks

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Colored |
| DATE OF BIRTH | July 1908 |
| AGE | 3 months, ..... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Virginia |
| FULL NAME OF FATHER | William Duley |
| BIRTHPLACE OF FATHER (State or country) | Virginia |
| MAIDEN NAME OF MOTHER | Bertie Harris |
| BIRTHPLACE OF MOTHER (State or country) | Virginia |
| OCCUPATION OF DECEASED | none |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Duley

(Address) 1740 Friendship

Filed 10/2 1908 HARRY C. ANDREWS, CHIEF CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29 1908 to Oct 1 1908 that I last saw h..... alive on Oct 1 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

3 (DURATION) DAYS

Contributory (Primary.)

asphyxia (DURATION) 1 DAYS

(Signed) T. E. Daugherty M.D.

Address 1625 Penna Ave

Date Oct 1st 1908

Place of Burial Mt Zion

Date Oct 2 1908

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16068 C16068

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1522, Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Marion Hay.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 4 1 (Month) (Day) Year)

AGE: 78 years, 8 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Jesse Hay

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Roxana Carnke

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hay

(Address) 1522 Park Ave

Filed 10/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 1908 to October 2 1908 that I last saw h~~im~~ alive on October 2nd 1908, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Coma, due to Diabetes

Was sick from (DURATION) December 19 DAYS

Contributory to October 2nd.

(DURATION) ..... DAYS

(Signed) Alice S. Parkhurst M. D.

Oct 2 1908 (Address) 1440 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Oct 5 1908

UNDERTAKER: Wm Cook | ADDRESS: 502 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C16069

C16069

# CERTIFICATE OF DEATH.

168

(Place of Death.) No. Mary Ann Community Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Virginia Bethenalk

{ Residence, if in Baltimore, Give Street and Number. } 1202 Madison Ave.

Duration of Residence in Baltimore. 10 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 27th 1821

AGE 86 years, 10 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Harford County Md

FULL NAME OF FATHER Thos Caldwell

BIRTHPLACE OF FATHER (State or country) Harford County Md

MAIDEN NAME OF MOTHER Anne Kelso

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED ~~Housewife~~.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G. McNerall

(Address)

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Oct 1st 1908 that I last saw h-- alive on Oct 1st 1908 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pentonitis

(DURATION) DAYS

Contributory (Primary) Traumatism

Hemorrhage (DURATION) 2 DAYS

(Signed) C. W. Hammond M.D.

Address Emergency Hospital

Date Oct. 1st 1908

Place of Burial Greenmount

Date Oct 4th 1908

Undertaker H. W. Jenkins Sons Co

Address 900 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 105 C16070

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3435 Chesapeake Ave St. Lambert

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archibald Lambert Nichols

Residence, Give Street and Number, 3435 Chesapeake Ave

Duration of Residence in Baltimore, all his life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feby 25th 1907

AGE: 1 year, 9 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Wm Briggs Nichols

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Agnes E. Slatery

BIRTHPLACE OF MOTHER (State or county): Canada

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B. Nichols

(Address) 3435 Chesapeake Ave.

Filed 10/2 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 10/1 1908

I HEREBY CERTIFY, That I attended deceased from 10/1 1908 to 10/1 1908

that I last saw him alive on 10/1 1908

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Intestinal intoxication

Cholera Infantum (DURATION) 1 DAYS

(Signed) Jno Lynch M.D. M. D.

Address 838 E Preston

Date 10/2 1908

Place of Burial New Cathedral

Date 3 ct 3rd 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W Madison st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C16071 Registered No. B C16071

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. 622 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Webb

{ Residence, if in Baltimore, Give Street and Number. } 622 E. Clement St,

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH April 1st 1908

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED –

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter W. Webb

BIRTHPLACE OF FATHER (State or country) Lancaster Co Va

MAIDEN NAME OF MOTHER Mary A Barker

BIRTHPLACE OF MOTHER (State or country) Lancaster Co Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter W. Webb

(Address) 622 E Clement St

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1908 to Oct 1st 1908 that I last saw her alive on Oct 1st 1908, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 3, DAYS

Contributory (Primary.) Enanthem

(DURATION) 90 DAYS

(Signed) J. F. Hawkins M.D.

Address 1608 Light St

Date Oct. 2 1908.

Place of Burial Lancaster Va

Date Oct 2 1908

Undertaker Jno B Slater & Son

Address 1132 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 22

Registered No. C C16072

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 619 Chinn Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Cornish

Residence, Give Street and Number, 619 Chinn Street

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1865

AGE: 43 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Robert Young

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Jane Irving

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Cornish

(Address) 619 China St.

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Sept 30 1908

that I last saw he alive on Sept 30 1908

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dropsy

(DURATION) 30 DAYS

Contributory (Primary) Heart Failure

(DURATION) 3d DAYS

(Signed) O. H. Inman M. D.

Address 712 E. Sharp St

Date Oct. 1 1908

Place of Burial Mt. Auburn Cem.

Date October 3 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C16073 Registered No. B 42

# CERTIFICATE OF DEATH.

(Place of Death.) No. 313 D Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Hollis

{Residence, if in Baltimore, Give Street and Number.} 313 D Bethel St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | Colored |
| DATE OF BIRTH | January 24 1855 |
| AGE | 53 years, 9 months, 6 days |
| ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ | Married |
| BIRTHPLACE (State or country) | Md. |
| FULL NAME OF FATHER | Robert Johnson |
| BIRTHPLACE OF FATHER (State or country) | Md. |
| MAIDEN NAME OF MOTHER | Maria Jenkins |
| BIRTHPLACE OF MOTHER (State or country) | Md. |
| OCCUPATION OF DECEASED | Housewife |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hollis

(Address) 313 S. Bethel St.

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Sept 28 1908 that I last saw her alive on Sept 28 1908 and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Uterus

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bells Eastern Dispensary

Date Oct 1" 1908

Place of Burial Mt. Auburn Cem.

Date Oct. 3 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16074

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

# CERTIFICATE OF DEATH.

C16074

Registered No. B.....

City of Baltimore, (No. 506 South Pace St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kathrina Brauns

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 8th 1825 (Month) (Day) (Year)

AGE: 82 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Konigsbach Baden

FULL NAME OF FATHER: Henry C Lambright

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Don't Know

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Brauns

(Address) 506 S Pace St

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 1st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to October 1st 1908 that I last saw h er alive on September 30 1908 and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

Do not know (DURATION) DAYS

Contributory Cardiac Asthenia (DURATION) 1 DAYS

(Signed) E B Freeman M. D.

Oct 2 1908 (Address) 643 Columbus Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto Com. | Oct. 3 1908 |
| UNDERTAKER | ADDRESS |
| H. J. Dill & Son | 746 Columbus Ave. |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C16075 Registered No. B C16075

# CERTIFICATE OF DEATH.

91

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Hickey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1833

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Hickey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Charlotte Gibbs

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h on alive on Sept 30 1908,

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F A Warner M.D.

Address 1133 Valley st

Date Oct 1 1908

Place of Burial Holy Cross

Date Oct 3d 1908

Undertaker Henry C Wiedefeld

Address 914 Fremont av

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 10 — C16076 — Registered No. B C16076

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 808 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clorinda Appaghese.

{Residence, if in Baltimore, Give Street and Number.} 808 E Madison St.

Duration of Residence in Baltimore. 4 yrs —

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 52 years, — months, — days

~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Mannalla Gaetano

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Mannalla Diana

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 808 E. Madison St

Filed 10/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 — 1 — 1908

I HEREBY CERTIFY, That I attended deceased from 9 — 26 1908 to 9 — 30 1908

that I last saw h— alive on 9 — 30 1908

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure —

(DURATION) 6 DAYS

Con'tributory (Primary.) Tobacco

Pneumonia (DURATION) 8 DAYS

(Signed) L. D Emarco M.D.

Address 1604 Linden ave

Date 10 — 1 — 1908

Place of Burial St Vincents ✓

Date Oct 3 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C16077 Registered No. B C16077

# CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Webb

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. 2

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: Jan. Feb 28th 1900

AGE: — years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1908 to Oct 2 1908 that I last saw h[er] alive on Oct 1 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary )

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Oct 2 1908

Place of Burial Cathedral Cemetery

Date Oct. 3rd. 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16078 Registered No. B C16078

167

# CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Joseph Hargadine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anastasia L Noon

{ Residence, if in Baltimore, Give Street and Number. } 2207 N. Calvert St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W.

DATE OF BIRTH July 24 1837

AGE 71 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Molloy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anastasia Holden

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. J. Noon

(Address) 2207 Calvert

Filed 10/3 1908 HARRY C. ANDREWS, CHIEF CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body

(Age)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Office

Date October 1 — 08 190 .....

Place of Burial Holy Cross

Date Oct 31 190 8

Undertaker C. P. Weisfeld & Son

Address 213 Dunmore St

WM. J. C. DULANY CO., BALTIMORE.

Oct

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C16079 Registered No. B 16079

157

# CERTIFICATE OF DEATH.

(Place of Death.) No. Anna Holzinger St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name 2031 Eagle st

{ Residence, if in Baltimore, Give Street and Number. } 2031 Eagle st

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 1st 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Peter Holzinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Zeitvogle

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Holzinger

(Address) 2031 Eagle St.

Filed 10/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Day ave

Date Oct 2 Coroner 190...

Place of Burial Cathedral

Date October 3 1908

Undertaker Wm B Cochran

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

Registered No. B C16080

C16080

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1101 Proctor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Parkhurst

{Residence, if in Baltimore, Give Street and Number.} 1101 Proctor Street

Duration of Residence in Baltimore. Since Birth

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20 1908

AGE 3 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Parkhurst

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Annie Barnes

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Parkhurst

(Address) 1101 Proctor St

Filed 10/3 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from September 22 1908 to Oct 21 1908 that I last saw h[er] alive on Oct 21 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or immediate)

Acute Diarrhoea

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. M. Pearce M.D.

Address 1238 Guilford Ave

Date Oct 24 1908

Place of Burial Oct 3 Balto Cemetery

Date Oct 3 1908

Undertaker Lucas Adrenz & Co.

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C16081 Registered No. B C16081

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hezekiah Sickens.

{ Residence, if in Baltimore, Give Street and Number. } 1619 Druid Hill Ave.

Duration of Residence in Baltimore. 12 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): U-a

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. H. Dennis

(Address) 1332 Pressman St

Filed 10/3 1908 HARRY C. ANDREWS, [PERMIT CLERK.] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1908 to Oct. 1st 1908 that I last saw him alive on Sept. 30 1908 and that death occurred, on the date stated above, at 3.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema.

(DURATION) — DAYS

Contributory (Primary) Chron. Inter-stitial Nephritis (DURATION) — DAYS

(Signed) Wm. T. Carr, Jr., M.D.

Address 515 Mosher St.

Date Oct. 3 1908

Place of Burial Mt Zion

Date Oct the 3d 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C16082

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

# CERTIFICATE OF DEATH.

Registered No. B C16082

City of Baltimore, (No. 109 Union Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida B. Burke (Booker)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 27 (Month) (Day) 1907 (Year)

AGE: 1 years, ~~11~~ months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H. Booker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lillie M. Marvel

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Booker

(Address) 109 Union Ave

Filed 10/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Oct 2 1908 that I last saw h[illegible] alive on Oct 2 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia (DURATION) 17 DAYS

Contributory Atelopsis (Pneumonia in both Lungs) (DURATION) 4 DAYS

(Signed) [illegible] M. D.

Oct 2 1908 (Address) 765 Fred Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: M. E. Cemetery Ellicott City Md — DATE OF BURIAL: Oct 4 1908

UNDERTAKER: Balto Co. Horace Burgee — ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

# CERTIFICATE OF DEATH.

Registered No. B C16083

City of Baltimore, (No. 1917, E Pratt St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna Douglas

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: April 23rd 1896 (Month) (Day) (Year)

AGE: 12 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Potapsico Neck Md

FULL NAME OF FATHER: Henry Douglas

BIRTHPLACE OF FATHER (State or country): Potapsico Neck

MAIDEN NAME OF MOTHER: Matilda Johnson

BIRTHPLACE OF MOTHER (State or country): Pope Creek Md.

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Douglas

(Address) 1917 E Pratt St

Filed 10/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 2 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Oct 2 1908 that I last saw her alive on Oct 2 1908, and that death occurred, on the date stated above, at 4 P M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) 6 DAYS

Contributory (DURATION) DAYS

(Signed) J H Gwynn M. D.

Oct 3 1908 (Address) 1303 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Popes Creek Md. | DATE OF BURIAL: Oct 4th 1908

UNDERTAKER: Theodore White | ADDRESS: 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C16084 Registered No. B C16084

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 102 S High St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Harry Connoley

{ Residence, if in Baltimore, Give Street and Number. } 102 S High St

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX Male | COLOR White |
| DATE OF BIRTH | 1863 |
| AGE | 41 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Baltimore Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | " |
| MAIDEN NAME OF MOTHER | " |
| BIRTHPLACE OF MOTHER (State or country) | " |
| OCCUPATION OF DECEASED | " |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent De Paul Society

(Address) 8/2 Law Bldg

Filed 10/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comer M.D.

Address 320 N Greene St

Date 190

Place of Burial St - Peters

Date Oct - 3rd 1908

Undertaker Wm. H. Gaughan

Address Harth & Lindeman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16085 Registered No. B C16085

# CERTIFICATE OF DEATH. 104

(Place of Death.) No. 918 A Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca S. Foggett

{Residence, if in Baltimore, Give Street and Number.} 918 N. Calhoun St.

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 56 years, 7 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) anne Arundel Co Md

FULL NAME OF FATHER Alexander Owens

BIRTHPLACE OF FATHER (State or country) anne arundel Co Md

MAIDEN NAME OF MOTHER Onney Wells

BIRTHPLACE OF MOTHER (State or country) annie Arundel Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Mercer Foggett

(Address) 918 N Calhoun St

Filed 10/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3, 1908

I HEREBY CERTIFY, That I attended deceased from October 3, 1907 to October 3, 1908 that I last saw her alive on October 2, 1908 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) Twenty DAYS

Contributory (Primary.) Chronic Gastritis Several (DURATION) years DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor St.

Date October 3, 1908

Place of Burial Bristol, A. A. Co Md

Date Oct 5 1908

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. B C16086

C16086

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1318 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucinda A Wilson

{Residence, if in Baltimore, Give Street and Number.} 1318 Harford ave

Duration of Residence in Baltimore. 33 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 10 1840

AGE: 67 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): York Co Pennsylvania

FULL NAME OF FATHER: Geo. Bowman

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lilly Pierce

(Address) 929 Denver st

Filed 10/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1908 to Oct 2, 1908, that I last saw her alive on Oct 1, 1908, and that death occurred, on the date stated above, at 6:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Abdominal Organs

Several years (DURATION) as I was informed DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. R. Elwell M.D.

Address 1741 Hollins ave

Date Oct. 2 1908.

Place of Burial London Park Cemetery

Date October 4 1908.

Undertaker James Lignon's Sons

Address 709 W Lanvale st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16087 Registered No. B C16087

# CERTIFICATE OF DEATH.

154

(Place of Death.) No. 632 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. McElderry.

{ Residence, if in Baltimore, Give Street and Number. } 632 Jasper St

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colord

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) St Mary Co Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy McElderry

(Address) 632 Jasper st

Filed 10/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday Oct 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 17th 1908 to Oct 1st 1908 that I last saw h.. alive on Sept 15th 1908, and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Senile Age

(DURATION) DAYS

(Signed) M.D.

Address 6072 Loudon Av

Date 1908

Place of Burial Mount Auburn

Date Oct 4 1908

Undertaker John H Owens & Son

Address 1222 Riviera st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4th C16088 Registered No. B C16088

109

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie W. Leribner

{Residence, if in Baltimore, Give Street and Number.} Ellicott City Md.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 18 1899

AGE 9 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Bernard T Leribner

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dead

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard T Leribner

(Address) Cella Md

Filed 10/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1908

I HEREBY CERTIFY, That I attended deceased from 9-24 1908 to 10-2 1908 that I last saw h er alive on 10-2 1908, and that death occurred, on the date stated above, at 5- P.M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Intestinal intoxication (DURATION) 8 DAYS

(Signed) Wm P Bay M.D.

Address University Hospital

Date Oct 3rd 1908

Place of Burial Cella Balto County

Date Oct 5th 1908

Undertaker Jas Hunter Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased; and the cause and date of death; and, if during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16089 Registered No. B C16089

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 706 Scott St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosa Schuler

{Residence, if in Baltimore, Give Street and Number.} 706 Scott St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 11th 1868

AGE: 40 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Schuler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Link

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schuler

(Address) 705 Scott St

Filed 10/3 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Sept 30 1908 that I last saw her alive on Sept 28 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Do not know (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 8 DAYS

(Signed) W. B. Freeman M.D.

Address 643 Columbia Ave

Date ~~September~~ October 1st 1908

Place of Burial Loudon Park Cemetery

Date Oct 4th 1908

Undertaker William H. Hogdon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16090

City of Baltimore, (No. 828, W. North ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Reizenstein

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — (Month) — (Day) 1833 (Year)

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wm. Reizenstein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Reizenstein

(Address) 828 W. North ave

Filed 10/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct — 2 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 2 1908 that I last saw h— alive on Oct 2 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION) 3 DAYS

Contributory —

(DURATION) — DAYS

(Signed) E Eugene Douglas M. D.

Oct 9 1908 (Address) 820 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Har Sinai Cemetery | DATE OF BURIAL Oct 4 1908

UNDERTAKER David Sondheim | ADDRESS 923 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C16091

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Harris

Residence, Give Street and Number, — 716 W. Mulberry St

Duration of Residence in Baltimore, — 40 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR B.

DATE OF BIRTH ..... 1 .....

AGE 57 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Divorced

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Jos Hatter

BIRTHPLACE OF FATHER (State or county) — Md

MAIDEN NAME OF MOTHER Hannah Boyer

BIRTHPLACE OF MOTHER (State or county) — Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Supt Bay View Asylum.

(Address) .....

Filed 10/3 1908 HARRY C. [illegible] Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 30 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28 1908 to Sept 30 1908 that I last saw h alive on Sept 30 1908 and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Epithelioma of Cervix

(DURATION) — DAYS

Contributory (Primary) Cerebral Meningitis (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 1 1908

Place of Burial Mt Auburn Cem

Date Oct 4th 1908

Undertaker Jas. W. Chase & Son

Address 1400 Mosher St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C16092 Registered No. B C16092

# CERTIFICATE OF DEATH. 41

(Place of Death.) No. 101 Winter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Noble

{ Residence, if in Baltimore, Give Street and Number. } 101 Winter st

Duration of Residence in Baltimore. 18 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1864

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Frances Coleman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Noble

(Address) 101 Winters St

Filed 10/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1908

I HEREBY CERTIFY, That I attended deceased from 6 wks 1905 to Oct 1 1908

that I last saw h[illegible] alive on Sept 21 1908,

and that death occurred, on the date stated above, at 12:30

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Carcinoma

(DURATION) 3 mos 10 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 4 DAYS

(Signed) E D Ellis M.D.

Address 9 S Lighter

Date Oct 1 1908

Place of Burial Mt Auburn Cem

Date Oct 3rd 1908

Undertaker Wm. H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16093 Registered No. B

# CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 1400 N. Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Rosie Beloit

{ Residence, if in Baltimore, Give Street and Number. } Aged Women Home

Duration of Residence in Baltimore. 25 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH year 1883

AGE 75 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ widowed.

BIRTHPLACE (State or country) Chesterfield Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J. Jones Aged Women's Home

(Address) 1400 N. Lexington St.

Filed 10/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Oct 2 1908

that I last saw h... alive on Oct 2 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Organic Disease of Heart

1 yrs (DURATION) DA

Contributory (Primary.) Asthenia

2 wks (DURATION) DA

(Signed) H. Monmonier M.

Address Bergen Co. Hosp. Teaneck N.J.

Date 190.

Place of Burial Mt. Olivet Cem

Date Oct 3 08, 190

Undertaker Geo. A. Smith Co

Address 1006 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 016094

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 724 N Broadway St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Rebecca Ricketts

{Residence, if in Baltimore, Give Street and Number.} 724 N Broadway

Duration of Residence in Baltimore. Le 80 Jean

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 88 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Born in Baltimore Md

FULL NAME OF FATHER Benjamin Ricketts

BIRTHPLACE OF FATHER (State or country) Cecil Co Md

MAIDEN NAME OF MOTHER Rebecca Walters

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion J. Rickett

(Address) 724 N Broadway

Filed Oct 3" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Oct 1 1908 that I last saw h-r alive on Oct 1 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) same

(DURATION) DAYS

(Signed) Alex A. Sage M.D.

Address 709 N Broadway

Date 10/2/08 1908

Place of Burial Greenmount Cemetery

Date October 4 1908

Undertaker H.E. Hughes

Address 17 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 016095

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jamison

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | F. |
| COLOR | W. |
| DATE OF BIRTH | — |
| AGE | 36 years, — months, — days |
| ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ | M. |
| BIRTHPLACE (State or county) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or county) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or county) | — |
| OCCUPATION OF DECEASED | Domestic. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Oct 3rd 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3- 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 3 1908 that I last saw h alive on Oct 3 1908 and that death occurred, on the date stated above, at 6 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Pneumonia

(DURATION) — DAYS

(Signed) R. T. Coke M. D.

Address Baltimore Md.

Date Oct 3 1908

Place of Burial Sacred Heart Cem

Date Oct. 4th 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C16096 Registered No. B C16096

# CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathan Zettlin

{Residence, if in Baltimore, Give Street and Number.} 291 N. Exeter Street

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Nathan Zettlin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esther Fridel

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED School-boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Fridel

(Address) 291 N Exeter St

Filed 10/4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1908 to Oct 4 1908

that I last saw him alive on Oct 4 1908, and that death occurred, on the date stated above, at 6.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral stenosis and insufficiency & Decompensation

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. McHanes M.D.

Address Johns Hopkins Hospital

Date October 7th 1908

Place of Burial Holma Boardale Cemetery

Date Oct. 4 1908

Undertaker Mark Linthicum

Address 1920 Pt Edalany st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16097

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B C16097

City of Baltimore, (No. 1729, E Lafayette ave St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna A Christie

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Jan (Month) 21 (Day) 1870 (Year)
AGE: 38 years, 8 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married
BIRTHPLACE (State or country): Balti city
FULL NAME OF FATHER: Thomas Kenny
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: Ella McMahon
BIRTHPLACE OF MOTHER (State or country): Ireland
OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M Christie
(Address) 1729 E Lafayette

Filed 10/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 2 nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to October 2 1908 that I last saw her alive on October 2 1908, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

Exhaustion (DURATION) 7 DAYS

(Signed) A D Macdonald M. D.

Oct 3 1908 (Address) 2540 a Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park
DATE OF BURIAL: Oct 5th 1908
UNDERTAKER: A F Phelbin
ADDRESS: 1711 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C16098

C16098

# CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1043 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth A. J. Sinclair

{Residence, if in Baltimore, Give Street and Number.} 1043 Aisquith St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 10" 1847

AGE 60 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Robert H. Sinclair

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Marie De Maugin

BIRTHPLACE OF MOTHER (State or country) France.

OCCUPATION OF DECEASED Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Sinclair

(Address) 1043 Aisquith St

Filed 10/4 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3. 1908

I HEREBY CERTIFY, That I attended deceased from March 4. 1908 to October 3. 1908

that I last saw h 2r alive on " " 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Breast

(DURATION) 5yr DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Geo. A. Hartman M.D

Address 1121 N. Caroline St.

Date October 3. 1908

Place of Burial Mount Olivet Cem.

Date Oct 5" 1908

Undertaker Henry H. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C16099 Registered No. B C16099

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. 726 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry J. Pfaff

{Residence, if in Baltimore, Give Street and Number.} 726 N. Wolfe St,

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 23 1902

AGE 6 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Harry Pfaff

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ella Telgkamp

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Pfaff

(Address) 726 N. Wolfe St

Filed 10/4 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1908 to Oct 2nd 1908

that I last saw him alive on Oct 2nd 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H O Stamen M.D.

Address 1501 E Eager St

Date Oct 3rd 1908

Place of Burial Holy Redeemer

Date 10/4/08 190

Undertaker J Herzog & Son

Address 1008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16100 Registered No. B C16100

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 836 Tyson street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma J. Stewart

{Residence, if in Baltimore, Give Street and Number.} 836 Tyson st

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Tilghman

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sallie

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Steward

(Address) 836 Tyson Street

Filed 10/4 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 1st 1908 that I last saw h[illegible] alive on Sept 30 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 16 DAYS

Contributory (Primary.)

Neurasthenia (DURATION) 360 DAYS

(Signed) D. Grant Scott M.D.

Address 354 N. Eddle St.

Date Oct 3rd 1908

Place of Burial Mt. Auburn Cemetery

Date October 4 1908

Undertaker John H. Toadvin

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C16101 Registered No. B C16101

156

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1324 Columbia Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. C. Wheeler

{Residence, if in Baltimore, Give Street and Number.} 1324 Columbia Ave.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Woodworker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Wheeler

(Address) 405 N. Stricker St

Filed 10/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide - by Inhalation of gas.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner.

Date October 3, 1908

Place of Burial Lauderdale Park

Date Oct 5 1908

Undertaker Wm Cook

Address 609 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B C16102

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2029 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Lahall

{Residence, if in Baltimore, Give Street and Number.} 2029 E Fayette st

Duration of Residence in Baltimore. 40 Years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 8 1835

AGE 73 years, 2 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne E. Lahall

(Address) 2029 E Fayette st

Filed Oct 4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 2 1908 190

I HEREBY CERTIFY, That I attended deceased from June 1908 to Oct 2nd 1908

that I last saw him alive on Oct 2d 1908

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Ford M.D.

Address 1806 E. Baltimore St

Date OCT 3 1908 190

Place of Burial Easton Md.

Date Oct 5th 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

to Rome

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B C16103

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Ray

{Residence, if in Baltimore, Give Street and Number.} Woodstock Road Station New Brunswick Canada

Duration of Residence in Baltimore. ...

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 62 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie N. Ray

(Address) Houlton Maine

Filed Oct 4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Oct 4th 1908 that I last saw him alive on Oct 4th 1908, and that death occurred, on the date stated above, at 5.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hydremia

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Jos. T. Smith, Jr. M.D.

Address John Hopkins Hospital

Date October 4th 1908

Place of Burial Houlton Maine

Date Oct 5th 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 16104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Compton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Clifford

Residence, Give Street and Number, 1006 Compton St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1870

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Burke Niece

(Address) 100 Compton St

Filed

190 Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Oct 31st 1908

that I last saw h e alive on Oct 31st 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

5 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos. J. O'Donnell M. D.

Address 1340 N. Charles St

Date Oct 4th 1908

Place of Burial St. Peters cemetery

Date Oct 5 1908

Undertaker D. & M. G. Flynn

Address 42 & West St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C16105 Registered No. B C16105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 27 S. Caroline St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Augusta H. Stiemke

{Residence, if in Baltimore, Give Street and Number.} 27 S. Caroline St.,

Duration of Residence in Baltimore. 20 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 15th April 1876

AGE: 32 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Texas

FULL NAME OF FATHER: Timotheus Stiemke

BIRTHPLACE OF FATHER (State or country): Wisconsin

MAIDEN NAME OF MOTHER: Anna Schoening

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: no occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E. Stiemke

(Address) 27 S. Caroline St.,

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1908

I HEREBY CERTIFY, That I attended deceased from ...1900 to Oct 2 1908

that I last saw he alive on Sept 26 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

after 5 years (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Jos. V. Potter M.D.

Address 27 S. Caroline St

Date Oct 3rd 1908

Place of Burial Immanuels Cemetery

Date Oct 5 1908

Undertaker Louis Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PRINTED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

READ THE LAW PRINTED ON THE MARGIN. C16106 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

C16106

Ward ..... Registered No. C ..... 116

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Moore.

Residence, Give Street and Number, —

Duration of Residence in Baltimore, .....

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | M |
| COLOR | B |
| DATE OF BIRTH | — |
| AGE | 53 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | S. |
| BIRTHPLACE (State or county) | Md. |
| FULL NAME OF FATHER | — |
| BIRTHPLACE OF FATHER (State or county) | — |
| MAIDEN NAME OF MOTHER | — |
| BIRTHPLACE OF MOTHER (State or county) | — |
| OCCUPATION OF DECEASED | Laborer. |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/5 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 4 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 4 1908 that I last saw h[illegible] alive on Oct 4 1908 and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsia

(DURATION) 8 DAYS

Contributory (Primary) Pneumonia

(DURATION) — DAYS

(Signed) R. T. Faber M. D.

Address Bay View Hospital

Date Oct 4 1908

Place of Burial Mt Olivet ✓

Date Oct 6 1908

Undertaker Wm. F. Johnson

Address 614 E Baker St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16107

9

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B C16107

City of Baltimore, (No. 41, Jenkins Lane, St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Mullen Sr

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 64 years, ..... months, ..... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Conrad Mullen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Mullen

(Address) 41 Jenkins Lane

Filed 10/5 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) | 3 (Day) | 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 9/28 1908 to 10/3 1908

that I last saw him alive on 9/28 1908,

and that death occurred, on the date stated above, at 11:30 A.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) 7 DAYS

Contributory Old age

(DURATION) ..... DAYS

(Signed) H. S. Stronach M. D.

10/3 1908 (Address) 501 E. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National Cem.

DATE OF BURIAL: Oct 6 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 15

C16108

Registered No. C C16108

# CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1749 Thomas Av St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Eliza R. Calkins

Residence, Give Street and Number, 1749 Thomas Ave

Duration of Residence in Baltimore, 3 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Apr 4 1832

AGE: 76 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): N. Y.

FULL NAME OF FATHER: Wright K Chadock

BIRTHPLACE OF FATHER (State or county): London Eng

MAIDEN NAME OF MOTHER: Mary A. Bradley

BIRTHPLACE OF MOTHER (State or county): London England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm Mitchell

(Address) 1749 Thomas Av.

Filed 10/5 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to Oct 2" 1908

that I last saw her ~~alive~~ on Oct. 2" 1908

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate,

Heart disease, following attack of acute indigestion, to the best of my knowledge. (See below) (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) C. W. Hoffman M. D.

Address 2100 W. North ave.

Date October 3" 1908.

Place of Burial Jackson Hill

Date October 5" 1908

Undertaker Wm Cook

Address 502 E. North Av

Remarks Patient had been dead about 30 minutes when I reached her. Death probably due to above causes, from the information I obtained from the family. C. W. Hoffman

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C16109

Ward 24

C16109 Registered No. B

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1507 Bolt ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Hall

{Residence, if in Baltimore, Give Street and Number.} 1507 Bel Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W

DATE OF BIRTH June 3 1908

AGE — years, 4 months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER David N Hall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cora M. Crouse

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David N Hall

(Address) 1507 Bel Ave

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Oct 3 1908 that I last saw h~~er~~ alive on Oct 3 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Complication of diseases due largely to malnutrition

(DURATION) ? DAYS

Contributory (Primary.) General Chronic (DURATION) ? DAYS

(Signed) J Wesley Cole M.D.

Address 735 N Fulton

Date Oct 4 1908

Place of Burial Mt. Airy Md

Date Oct-5-08 1908

Undertaker Edw I Flanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C16110 Registered No. B C16110

# CERTIFICATE OF DEATH. 92

(Place of Death.) No. 13 Brown's Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Frederick Troeger

{Residence, if in Baltimore, Give Street and Number.} 13 Browns Lane.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | October January 31 1908 |
| AGE | ..... years, 8 months, 3 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Maryland |
| FULL NAME OF FATHER | Kurt Troeger |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Troa Geper |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kurt Troeger

(Address) 13 Browns Lane

Filed 10/5 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1908

I HEREBY CERTIFY, That I attended deceased from October 1 1908 to October 3 1908 that I last saw h alive on October 3 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Asa L Wessels M.D.

Address 570 Frederick Ave

Date October 4 1908

Place of Burial Western Cemetery

Date Oct 4 1908

Undertaker N S Smith

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B C16111

C16111

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1046 N. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine E. Keefler

{Residence, if in Baltimore, Give Street and Number.} 1046 N. Lombard St

Duration of Residence in Baltimore. Life time.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John J Frantz.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine E Frantz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fields

(Address) 1200 N. Lombard

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3- 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3. 1908 to Oct. 3 1908.

that I last saw h- alive on Oct. 3. 1908.,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease.

1 (DURATION) 6 Mos. DAYS.

Contributory (Primary.) Indigestion

(DURATION) 1 Yr. DAYS.

(Signed) J B Nelson M.D.

Address 1755 Hollins St.

Date Oct. 4. 1908.

Place of Burial Loudon Park

Date Oct 6th 1908

Undertaker John J Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C16112

Ward 7 C16112 Registered No. B

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. 907 N. Castle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Brockmayer

{ Residence, if in Baltimore, Give Street and Number. } 907 N Castle St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 24 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Henninger

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Neubauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Brockmeyer

(Address) 907 N. Castle St.

Filed 10/5 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~e~~ alive on ~~1908~~,

and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Reg'd Carmichael M.D.

Address Coroner's Office

Date Oct 4 1908

Place of Burial Holy Redeemer Cemetery

Date October 6th 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 16113

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2524 E. Hoffman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Thelma Keen

Residence, Give Street and Number, 2524 E Hoffman

Duration of Residence in Baltimore, Since Birth

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: June 25 1908

AGE: — years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Harry J Keen

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Grace M Carmine

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J. Keen

(Address) 2524 E. Hoffman St

Filed 10/5 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29 1908 to Oct 2 1908 that I last saw her alive on Oct 2 1908 and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary) Fracture

(DURATION) 94 DAYS

(Signed) Thos Timms M. D.

Address 1102 S Wolfe

Date October 3 1908

Place of Burial Baltimore Cemetery

Date October 5 1908

Undertaker Henry Horck Son

Address 130 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16114 WRITE PLAINLY WITH INKING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16114

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank A Cannon

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH ..... 1

AGE 70 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Cigar Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/5 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Oct 3 1908

that I last saw h— alive on Oct 3 1908

and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage of Lungs

..... (DURATION) — DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) ..... DAYS

(Signed) W. H. Baker M. D.

Address Baltimore Hospital

Date Oct 3 1908

Place of Burial Western Cem.

Date Oct. 6 1908

Undertaker Wendell Tippett & Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. C 016115

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 600 S. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Hoffman

Residence, Give Street and Number, 600 S. Rose

Duration of Residence in Baltimore, 52 Yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH .....

AGE 72 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Everhart Bdroff

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Catherine Schraedel

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Schaedel

(Address) 600 S. Rose

Filed 10/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Oct 2 1908

that I last saw h— alive on Oct 2 1908

and that death occurred, on the date stated above, at 9-15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

(DURATION 20 DAYS

Contributory (Primary) .....

Exhaustion (DURATION) ..... DAYS

(Signed) A L Long M. D.

Address 2429 Fait Ave

Date ..... 190

Place of Burial Sacred Heart Cem

Date Oct. 6" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C16116 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C C16116

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 218 S. Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Dew

Residence, Give Street and Number. 218 S. Durham

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 29 years, 9 months, ——— days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Theo Dew

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Sarah McManus

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo Dew

(Address) 218 S. Durham

Filed 10/5 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3rd 1908

I HEREBY CERTIFY, That I attended deceased from July 12" 1908 to Oct. 2nd 1908

that I last saw her alive on Oct. 2nd 1908

and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 1 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) John Toth M. D.

Address 1007 Eutaw

Date Oct 4" 1908

Place of Burial Baltimore Cem.

Date Oct. 5" 1908

Undertaker Strudell Dispel & Son

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 11 C16117 Registered No. B C16117

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 317 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cecilia McCarthy

{ Residence, if in Baltimore, Give Street and Number. } 317 E Biddle

Duration of Residence in Baltimore. 38 years

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | May 5th 1857 |
| AGE | 51 years, ... months, ... days |
| ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ | Widowed |
| BIRTHPLACE (State or country) | Ireland |
| FULL NAME OF FATHER | Patrick Conway |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Cecelia McCarthy |
| BIRTHPLACE OF MOTHER (State or country) | Ireland |
| OCCUPATION OF DECEASED | Housekeeper |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delia McCarthy

(Address) 317 E Biddle St

Filed 10/5 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Oct 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1908 to Oct 3rd 1908 that I last saw her alive on Oct 3rd 1908 and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 5 DAYS

Con'ributory (Primary.) Cerebral hemorrhage

(DURATION) 5 DAYS

(Signed) [illegible] M.D.

Address 209 N Eutaw St

Date Oct 4th 1908

Place of Burial Holy Cross Cem

Date Oct 6" 1908

Undertaker Geo M. Frind

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 C16118 Registered No. B C16118

# CERTIFICATE OF DEATH.

6

(Place of Death.) No. 37 N. Grove St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Stühmer

{Residence, if in Baltimore, Give Street and Number.} 37 N. Grove St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Sept. 29th 1907 |
| AGE | 1 years, — months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Baltimore |
| FULL NAME OF FATHER | Henry Stühmer |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Anna Heidbauer |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Stühmer

(Address) 37 N. Grove St.

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Oct 5 1908 that I last saw him alive on Oct 4 1908 and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping Cough and Bronchial Pneumonia

(DURATION) 28 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) A. C. Eisenberg M.D.

Address 2213 Orleans St.

Date Oct 5. 1908

Place of Burial Baltimore Cem.

Date Oct 6th 1908

Undertaker Lilly and Feile

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C16119

Registered No. B C16119

# CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1217 Ashland ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza M. Tompkins

{Residence, if in Baltimore, Give Street and Number.} 1217 Ashland ave

Duration of Residence in Baltimore 58 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 4th 1817

AGE: 91 years, 2 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Cecil Co Md

FULL NAME OF FATHER: Joseph Sidwell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Milner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Tompkins son

(Address) 1217 Ashland ave

Filed 10/5 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Oct 4 1908

that I last saw h[illegible] alive on Oct 3 1908,

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Oedema

(DURATION) 7 DAYS

Contributory (Primary.) Heart failure (DURATION) 1 DAYS

(Signed) O. A. Reyhart M.D.

Address 2031 Eutaw Place

Date Oct 4 1908

Place of Burial Mt Olivet Cemetery

Date October 6th 1908

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 16130

# CERTIFICATE OF DEATH.

147

(Place of Death.) No. Provident Hospital 4133 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jefferson

Residence, Give Street and Number, 1331 Argyle Ave

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Colored

DATE OF BIRTH —

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Lancaster

(Address) 1331 Argyle Ave

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1908 to Oct 2 1908

that I last saw her alive on Oct 2 1908

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma

2 yrs (DURATION) — DAYS

Contributory (Primary) Senile Gangrene

(DURATION) 80 DAYS

(Signed) W. T. Ford M. D.

Address 1344 Druid Hill Ave

Date Oct 3 — 1908

Place of Burial Mt Lebanon

Date October 5 1908

Undertaker R. St. Elliott

Address 506 Roger Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C16121 Registered No. B C16121

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 614 Bradley av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida March.

{ Residence, if in Baltimore, Give Street and Number. } 614 Bradley av.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Unknown 1

AGE 32 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Jas. March.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Margaret Lowe.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Lowe

(Address) 606 Bradley St

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4 1908

I HEREBY CERTIFY, That I attended deceased from 9/26 1908 to 9/26 1908

that I last saw her alive on 9/26 1908

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis.

3 months.

(DURATION) DAYS

Con'ributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) L L Conner M.D.

Address 609 W. Franklin

Date Oct 5 1908

Place of Burial Laurel

Date October 7th 1908

Undertaker R Gilliatt

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C16122 Registered No. B C16122

# CERTIFICATE OF DEATH.

64

Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hayden

{Residence, if in Baltimore, Give Street and Number.} 1234 Short Alley.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Basil Hayden

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Elizabeth Sparrow.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informan: Julia Hayden

Address 1234 Short Alley.

Filed 10/8- 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to October 4 1908 that I last saw h was alive on Oct 4 1908, and that death occurred, on the date stated above, at 9.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) J. Mitchell M.D.

Address John Hopkins Hospital

Date October 4th 1908

Place of Burial Natural Cemetery

Date Oct. 6, 1908

Undertaker Joseph G. Locke

Address 1302 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16123 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16123

# CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M. Riordan

Residence, Give Street and Number, .....

Duration of Residence in Baltimore, .....

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 33 years, ..... months, ..... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~. W

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Timothy Riordan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Elizabeth Whalen

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Oct 3 1908 that I last saw him alive on Oct 3 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septic Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) W. T. Talbot M. D.

Address Bay View Hosp.

Date Oct 3 1908

Place of Burial Holy Cross

Date Oct 5 1908

Undertaker H. C. Wiedefeld

Address 914 Gremmit Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C16124 Registered No. B C16124

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 790 Fredk Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Donnelly

{ Residence, if in Baltimore, Give Street and Number. } 790 Fred Road

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Oct. 3 1908 |
| AGE | ..... years, ..... months, 1 days |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | James E. Donnelly |
| BIRTHPLACE OF FATHER (State or country) | Balto. Md. |
| MAIDEN NAME OF MOTHER | Anna Eydellotte |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Donnelly

(Address) 790 Fredk. ave.

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 5 1908

that I last saw h— alive on Oct 4 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate )

Pneumonia Both

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Edw Gruenth M.D.

Address 517 Lexington

Date Oct 5 1908

Place of Burial St. Patricks Cem.

Date Oct. 5 1908

Undertaker G. W. Dill

Address 810 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 C16125 Registered No. B C16125

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. 214 N. Madeira st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Charles Frisby

{Residence, if in Baltimore, Give Street and Number.} 214 N. Madeira st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov. 1st 1907

AGE ..... years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert Frisby

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Matilda

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie Frisby

(Address) 214 N Madeira st

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Oct 4 1908 that I last saw h[illegible] alive on [illegible] 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

about 3 Weeks (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) W. J. Reysamer M.D.

Address 1 E Foxhall Av

Date Oct 5 1908

Place of Burial Holy Redeemer

Date Oct 5 1908

Undertaker Frank Enach and Son

Address 1904 Ashland Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 16126

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 Linden Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary C Beeman

Residence, Give Street and Number, 1309 Linden Ave

Duration of Residence in Baltimore, 15 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1833 ?

AGE: 75 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Joseph J. Beeman

BIRTHPLACE OF FATHER (State or county): Balto Md.

MAIDEN NAME OF MOTHER: Mary Comer

BIRTHPLACE OF MOTHER (State or county): Balto - Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C. Hiss

(Address) 239 W. Lafayette Ave

Filed 10/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 30. 1908 to Oct. 3. 1908

that I last saw h er alive on Oct. 3. 1908

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Angina pectoris

(DURATION) ..... DAYS

Contributory (Primary) Arterio-Sclerosis

(DURATION) ..... ~~DAYS~~

(Signed) Alfred Vanstale, M. D.

Address 921 Cathedral St.

Date October 5. 1908.

Place of Burial Belair Md

Date October 6th 1908

Undertaker Henry W. Jenkins Sons Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C16127 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C16127

# CERTIFICATE OF DEATH.

(Place of Death.) No. 121 East Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Key Bobbin

Residence, Give Street and Number, 121 East Lafayette Ave

Duration of Residence in Baltimore, Five

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH May 23rd 1846

AGE 62 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Philip Barton Key

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Ellen Swan

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Key

(Address) 56 W Biddle St

Filed 10/5 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 4th 1908

I HEREBY CERTIFY, That I attended deceased from February 1907 to October 4th 1908 that I last saw her alive on October 4th 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary) Chronic interstitial Nephritis

(DURATION) about 2 years ~~DAYS~~

(Signed) Louis P. Hamburger M. D.

Address 1207 Eutaw Place

Date October 5th 1908

Place of Burial Greenmount

Date Oct 6th 1908 ~~190~~

Undertaker Heidenheimer Bros

Address 320 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C16128

C16128

Ward 7

Registered No. B

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 614 Campbell St

St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Barton H. Davis

{ Residence, if in Baltimore, Give Street and Number. } 614 Campbell St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Male | Col |

DATE OF BIRTH June 1908

AGE ..... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry Davis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edith Riley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Md

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Davis

(Address) 614 E. Campbell St

Filed 10/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1908 to Oct 4 1908 that I last saw him alive on Oct 3 1908, and that death occurred on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J Morley Hoag M.D.

Address 1721 Columbia Ave

Date Oct. 4 1908

Place of Burial Mt. Auburn Cem

Date Oct 5th 1908

Undertaker Sam'l H. Case & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 9 — C16129 — Registered No. B C16129

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 E. Chase St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Elizabeth A. Farrell

{Residence, if in Baltimore, Give Street and Number.} 1606 E. Chase st.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | White |
| DATE OF BIRTH | October 2nd 1880 |
| AGE | 28 years, — months, 2 days |
| SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ | |
| BIRTHPLACE (State or country) | Balto. City |
| FULL NAME OF FATHER | John Farrell |
| BIRTHPLACE OF FATHER (State or country) | Ireland |
| MAIDEN NAME OF MOTHER | Elizabeth A. Fitzpatrick |
| BIRTHPLACE OF MOTHER (State or country) | New York City |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Farrell husb of Dec'd.

(Address) 1606 E. Chase st.

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 17 — 1906 to Oct. 4 1908 that I last saw her alive on 11 " 1908, and that death occurred, on the date stated above, at 3-17 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

2 yrs. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date October 4 — 1908

Place of Burial New Cathedral

Date Oct 7 1908

Undertaker Wm. J. Schaeffer

Address 8. S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7 Registered No. B 016130

# CERTIFICATE OF DEATH.

(Place of Death.) No. 822 N. Patterson Pk. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name John Lorenz

{ Residence, if in Baltimore, Give Street and Number. } 822 N. Patterson Pk. Ave

Duration of Residence in Baltimore. 48 Years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Apr. 17th 1845 |
| AGE | 63 years, 5 months, 16 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Germany |
| FULL NAME OF FATHER | John Lorenz |
| BIRTHPLACE OF FATHER (State or country) | Germany |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | Germany |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C. Lorenz

(Address) 822 N. Patterson Pk Ave

Filed Oct 5 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1907 to Oct 3 1908

that I last saw him alive on Oct 3 1908,

and that death occurred, on the date stated above, at 11:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 20 ~~DAYS~~ Yrs

(Signed) Chas B. Lemmon M.D.

Address 742 N. Patterson Pk Ave

Date Oct 5 1908

Place of Burial Balto Cem.

Date 10/6/08 190

Undertaker J. Herring & Son

Address 2008 Allens St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16131 Registered No. C C16131

# CERTIFICATE OF DEATH.

29

(Place of Death.) No. 824 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Fitzinger

Residence, Give Street and Number, 824 Vine St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1

AGE 34 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Benj. F Willis

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Nellie Simms

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Willis Sister

(Address) 834 Vine St

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Oct 4 1908

that I last saw her alive on Oct 2 1908

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis of Rectum

(DURATION) DAYS

Contributory (Primary) Ulcer of Rectum

(DURATION) DAYS

(Signed) H. S. McCaul M. D.

Address 2005 Orkney Ave

Date Oct 5 1908

Place of Burial Mt Auburn Cem

Date Oct 6th 1908

Undertaker B. L. Brown & Son

Address 108 W. Montgomery St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C1613- WHITE PEARINE WITH CARBON THIS IS A PERMANENT RECORD.

C16132

# HEALTH DEPARTMENT, City of Baltimore.

Ward 18 Registered No. C

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1027 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Berry

Residence, Give Street and Number, 1027 W Lexington st

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | colored. |

DATE OF BIRTH 1891

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Wilson Berry

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Susan Toomey

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Berry

(Address) 1027 W. Lexington st.

Filed 10/6 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Oct 3 1908

that I last saw her alive on Oct 3 1908

and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis

(DURATION) 1 mo DAYS

Contributory (Primary) Hemorrhage

(DURATION) 1 mo DAYS

(Signed) A. F. Foreman M. D.

Address 712 S. Stricker St.

Date Oct 5th 1908

Place of Burial Laurel Cem

Date October 6/08 1908

Undertaker John H. Broadrup

Address 142 W. Three St.

Local Deputy

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C16133

Registered No. B C16133

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Hadaway

{Residence, if in Baltimore, Give Street and Number.} 700 W. Cross St.

Duration of Residence in Baltimore. 8 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 7 to 1852

AGE: 56 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Charles Hadaway

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary A Thompson

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J. Hadaway

(Address) 700 W Cross st

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1908 to Oct. 4 1908 that I last saw h in alive on Oct. 4 1908, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Inoperable carcinoma of rectum (DURATION) DAYS

(Signed) Wm J Smith M.D.

Address City Hospital

Date Oct. 4 1908

Place of Burial Washington D. C.

Date Oct. 6th 1908

Undertaker D Schloman & Son

Address 1 Saratoga st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 4

Registered No. B 016134

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa A. Somerset

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. L.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: ~~W.~~ Blk.

DATE OF BIRTH: About Aug. 1 1908

AGE: — years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Somerset Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McClannan

(Address) 2005 Madison Ave.

Filed Oct 6 1908 HARRY C. ANDREWS. Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug 14 1908 to Oct 5 1908 that I last saw her alive on Oct 5 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave.

Date Oct 5 1908

Place of Burial Cathedral Cemetery

Date October 6th 1908

Undertaker Felix J. Pye

Address 13 & E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 4 Registered No. B 016135

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julia Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. L.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Female |
| COLOR | Blk |
| DATE OF BIRTH | July 28 1908 |
| AGE | — years, 2 months, 6 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | City |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | |
| MAIDEN NAME OF MOTHER | Unknown |
| BIRTHPLACE OF MOTHER (State or country) | |
| OCCUPATION OF DECEASED | Home |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. W. Glauman

(Address) 2005 Madison Ave.

Filed Oct 6" 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Oct 4 1908 that I last saw h.. alive on Oct 4 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 65 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexis M. Glauman M.D.

Address 2005 Madison Ave.

Date Oct. 5 1908

Place of Burial Cathedral Cemetery

Date October 6th 1908

Undertaker Felix B. Fuse.

Address 1126 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. B C16136

176 b

# CERTIFICATE OF DEATH.

(Place of Death.) No. 909 E Fayette St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs Michelson

{Residence, if in Baltimore, Give Street and Number.} 909 E Fayette

Duration of Residence in Baltimore. Life Annie & Moses Michelson

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Oct 5 1905

AGE: ..... years, ..... months, Five hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Moses Michelson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Michelson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Michelson

(Address) 909 E. Fayette st

Filed Oct 6 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 5 1905

I HEREBY CERTIFY, That I attended deceased from Oct 5 1905 to Oct 5 1905

that I last saw h[illegible] alive on Oct 5 1905

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Difficult Labor

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Hamburger M.D.

Address 605 Bentley

Date Oct 5 1905

Place of Burial Hebrew Hebrew Rest

Date Oct. 6, 1905

Undertaker Mary Levinson

Address 626 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16137 — Registered No. B C16137

# CERTIFICATE OF DEATH.

92

(Place of Death.) No. Hebrew Hospital, St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rosie Stuttgard

{Residence, if in Baltimore, Give Street and Number.} Hebrew Hospital Hopkins ave + monument St.

Duration of Residence in Baltimore. 29 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1833

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) Jos Strauss

Filed 10/6 1908 Hebrew Hospital

WM. G. ANDERSON Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 5, 1908

I HEREBY CERTIFY, That I attended deceased from Sept, 30 1908 to Oct 5 1908

that I last saw her alive on Oct 5 1908

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) — DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 6 DAYS

(Signed) L. F. Steindler, M.D.

Address Hebrew Hospital

Date Oct 5 1908

Place of Burial Gates Hebrew Cem.

Date OCT 6 - 1908 190

Undertaker J. Deems & Co.

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16138 Registered No. C C16138

# CERTIFICATE OF DEATH.

36

(Place of Death.) No. on vacant lot 1300 Block Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Simms

Residence, Give Street and Number, 538 Lambert Ct.

Duration of Residence in Baltimore, 20 years.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH Feb. 15 1871

AGE 37 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Thos. Simms

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Simms

(Address) 538 Lambert Ct.

Filed 10/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 4 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Ex Hemorrhage

(DURATION) DAYS

Contributory (Primary) Tuberculosis

Ex Phthisis (DURATION) DAYS

(Signed) Silas Baldwin M. D.

"Common"

Address 700 N. Lafayette Ave

Date Oct 5 1908.

Place of Burial Mont Auburn

Date Oct 6 1908

Undertaker John H Owens & Son

Address 1222 Division st

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

13

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# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C16139

Registered No. B

City of Baltimore, (No. 2113, Bolton St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Simon Cohen

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 93 years, 7 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Eleasser Cohen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Cohen

(Address) 1706 Linden Ave

Filed Oct 6 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to 1908 that I last saw h im alive on Oct 4 1908, and that death occurred, on the date stated above, at 4 P M. The CAUSE OF DEATH was as follows:

Infirmities of age
Cardiac asthenia (sudden)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Harry Adler M. D.

Oct 5 1908 (Address) 1804 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Clark Shalom | Oct. 6 1908 |
| UNDERTAKER | ADDRESS |
| David Sondheim | 923 Madison Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

**THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15 C16140 Registered No. B C16140

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1809 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Coroner's Office District

Full Name Mary Ann Dorsey Cora Wesley

{ Residence, if in Baltimore, Give Street and Number. } 1809 Lorman St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: March 6 1908

AGE: ..... years, 7 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 1809 Lorman St Baltimore

FULL NAME OF FATHER: Harry Wesley

BIRTHPLACE OF FATHER (State or country): Riley Maryland

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ann Dorsey (X) her mark

(Address) 1809 Lorman St.

Filed Oct 6 1908 (HARRY C. ANDREWS) Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 4 1908

that I last saw h.. alive on Oct 4 1908,

and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

Sudden (DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) 17 DAYS

(Signed) J Edmund Cummins Jr
Junior Atlantic Med. College

Address 2214 N. Calvert St

Date Oct 6, 1908

Place of Burial Mt Auburn Cem

Date Oct 7 1908

Undertaker Wm. H. Chadwick

Address 1400 Monroe St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B C16141

C16141

# CERTIFICATE OF DEATH.

Carrollton Av. 71

(Place of Death.) No. 47 S. Arlington Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick C. Knockman

{Residence, if in Baltimore, Give Street and Number.} 47 S. Carrollton Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 1st 1907

AGE: 1 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles F. Knockman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Berneburg

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Knockman

(Address) 47 S. Carrollton Ave.

Filed Oct 6 1908

HARRY O. ANDREWS
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from

On Oct 5 1908 to ..... 190..

that I last saw h[illegible] alive on Oct 5 1908

and that death occurred, on the date stated above, at 11.30

M. CAUSE OF DEATH (Secondary or Immediate

Identification

..... (DURATION) ..... DAYS

Contributory (Primary.) Convulsions

..... (DURATION) ..... DAYS

(Signed) J. C. Pound M.D.

Address 1302 W. Lombard st

Date Oct 5 1908

Place of Burial Loudon Park Cem

Date Oct 6th 1908

Undertaker E. Schlosman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16142

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 16142

95

# CERTIFICATE OF DEATH.

(Place of Death.) No. 3522 Chestnut ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Elizabeth Engle

Residence, Give Street and Number, 3522 Chestnut ave

Duration of Residence in Baltimore, Six months

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: March 8th 1833

AGE: 75 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Huntington & new Jersey

FULL NAME OF FATHER: William Brady

BIRTHPLACE OF FATHER (State or county): Rhode Island

MAIDEN NAME OF MOTHER: Sarah Long

BIRTHPLACE OF MOTHER (State or county): Rhode Island

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Emma Case

(Address) 3522 Chestnut ave

Filed 10/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to October 5 1908

that I last saw her alive on October 5 1908

and that death occurred, on the date stated above, at 3 a M.

CAUSE OF DEATH (Secondary or Immediate,) Hypostatic Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) Flora Pollack M. D.

Address 315 Professional Building

Date October 6 1908

Place of Burial Druid Ridge

Date Oct 8 1908

Undertaker Wm E Chenowith & Son

Address 919 3rd ave Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 12+

C16143 Registered No. B C16143

# CERTIFICATE OF DEATH.

1

(Place of Death.) No. U. S. Marine Hospital Wilkerson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Nellie Wilkerson

{Residence, if in Baltimore, Give Street and Number.} Thomson, Ga.

Duration of Residence in Baltimore. Seven days

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 12 1884

AGE: 24 years, 2 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Thomson Ga

FULL NAME OF FATHER: Preston Brooks Johnson

BIRTHPLACE OF FATHER (State or country): Thomson, Ga.

MAIDEN NAME OF MOTHER: Ellen Morris

BIRTHPLACE OF MOTHER (State or country): Thomson Ga.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. T. Burkhalter M.D.

(Address) U. S. Marine Hospital

Filed 10/6 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1908 to Oct 6 1908

that I last saw h[illegible] alive on Oct 6 1908

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet fever

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Burkhalter M.D.

Address U. S. Marine Hospital

Date Oct. 6 1908

Place of Burial Thomson, Ga.

Date Oct 6th 1908

Undertaker H. E. Sudler

Address 173 Broadway

WM. J. C. DULANY CO., BALTIMORE.

1 P M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24

C16144

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

# CERTIFICATE OF DEATH.

Registered No. B C16144

City of Baltimore, (No. 1135 William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John D. Brunner.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 31 (Day) 1883 (Year)

AGE: 25 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Mr. George Brunner

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary A. Junker

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Brass Bezel Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. George Brunner

(Address) 1135 William St

Filed 10/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 4th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 11th 1907 to October 4th 1908 that I last saw h[illegible] alive on October 4th 1908, and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

Phthisis

10 Months (DURATION) DAYS

Contributory Pethemia

(DURATION) 9 DAYS

(Signed) H J Carrick M. D.

Oct 5th 1908 (Address) 1417 Mc Culloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross M.E. | DATE OF BURIAL: Oct 7th 1908

UNDERTAKER: Jos. Stumtebeck | ADDRESS: 1318 Light St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C16145

C16145

# CERTIFICATE OF DEATH.

135

(Place of Death.) No. 1627 L. Walsh St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Visiting Lazzaretto (Lazzaretto)

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Antonio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Lubrito

(Address) 1625 Lytle Wold

Filed 10/6 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 5 1908

that I last saw h alive on Oct 5 1908

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate) Pott's Disease / Marasmus

Contributory (Primary) Pthisis Pulmonalis (DURATION) 3 Days

(DURATION) DAYS

(Signed) J. J. Kerlin M.D.

Address 16 S Bentley

Date Oct 5 1908

Place of Burial St Vincents

Date Oct 6 1908

Undertaker J. E. Hauff Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16146 WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C16146

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 200 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Theresa Gaddis

Residence, Give Street and Number, 200 E. Lexington St.

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | Wh |

DATE OF BIRTH 1

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER James a Grace

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary A Shannon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michl Grace

(Address) 200 E Lexington St

Filed 10/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Oct 3 1908

that I last saw h[illegible] alive on Oct 3 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac insufficiency

(DURATION) 1 month DAYS

Contributory (Primary) Tuberculosis

(DURATION) 3 months DAYS

(Signed) Benj. D. Hayden M. D.

Address 216 E. Caroline St

Date Oct 3 1908

Place of Burial Cathedral Cemetery

Date October 8 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C16147 Registered No. B C16147

121

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Sears

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. about 4 weeks

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | Aug 4 1848 |
| AGE | 60 years, 2 months, 1 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| BIRTHPLACE (State or country) | Md |
| FULL NAME OF FATHER | Wm Sears |
| BIRTHPLACE OF FATHER (State or country) | Dont Know |
| MAIDEN NAME OF MOTHER | Mary Sommers |
| BIRTHPLACE OF MOTHER (State or country) | Md |
| OCCUPATION OF DECEASED | Fisherman |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C Sears

(Address) Crisfield Md

Filed 10/6 1908

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1908

I HEREBY CERTIFY, That I attended deceased from 9-6 1908 to 10-4 1908 that I last saw h-- alive on 10-4 1908, and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pyaemia

(DURATION) 14 DAYS

Con'tributory (Primary.) Pyonephrosis

(DURATION) 28 DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date Oct. 6th 1908.

Place of Burial Crisfield Md

Date Oct 6th 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16148 Registered No. B C16148

8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Vincent St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1006 Vincent St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 2 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph H. Jackson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Clara Moore

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis C. Jackson

(Address) 1006 N. Vincent

Filed 10/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Oct 3 1908 that I last saw h[illegible] alive on Oct 3 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following Whooping Cough

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Dulan M.D.

Address 1103 N. Fulton Ave

Date Oct 5 1908

Place of Burial Laurel Cem.

Date Oct 6 1908

Undertaker John J. Curran

Address 901 Stollings St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 7 — C16149 — Registered No. B C16149

# CERTIFICATE OF DEATH.

93

(Place of Death.) No. 527 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Sniegowski

{Residence, if in Baltimore, Give Street and Number.} 527 S. Chapel St.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 3 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, or DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Sniegowski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Lizzie Zibilski

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Henry Sniegolooski

(Address) 527 S. Chapel St.

Filed 10/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5th 1908

I HEREBY CERTIFY, That I attended deceased from October 26 1908 to October 5 1908 that I last saw him alive on October 5 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Prostration (DURATION) 1 DAYS

(Signed) Chas L. Goldsborough M.D.

Address 418 S. Paca St.

Date October 7th 1908

Place of Burial St. Mary's Cem. Oct. 7 Frankford Road

Undertaker Krudell Siffel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

**HEALTH DEPARTMENT, City of Baltimore.**

C16150 Registered No. B C16150

92

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 N Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Conley

{ Residence, if in Baltimore, Give Street and Number. } 1819 N Regester St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 81 years, 7 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jno Conley

BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

MAIDEN NAME OF MOTHER Sarah Thompson

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) James Wilson

(Address) 1819 N. Regester St.

Filed 10/6 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1908 to Oct 5 1908

that I last saw him alive on Oct 5 1908,

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

(DURATION) DAYS

Contributory (Primary.) Bronchial Pneumonia

(DURATION) 5 DAYS

(Signed) A D Macdonald M.D.

Address 1540 N Broadway

Date Oct 6 1908

Place of Burial St. Mary's Cem Hanover

Date Oct. 7th 1908

Undertaker Kendall Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C16151 Registered No. B C16151

# CERTIFICATE OF DEATH.

167

(Place of Death.) No. 911 Hasel Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Umberto Aranami

{Residence, if in Baltimore, Give Street and Number.} 846 Lawn St

Duration of Residence in Baltimore. 1 yr

## PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Antonio Aranamni

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Maria Piccirilli

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Petrone

(Address) 902 Eastern Ave

Filed 10/6 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 190 8

I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ 190 to ~~Oct~~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 M.

M. CAUSE OF DEATH (Secondary or Immediate)

1 Burns. (Ace)

by Accidently Water (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Culler M.D.

Address Coroner

Date Oct 5-08 190

Place of Burial Holy Rosary Cem.

Date Oct. 7th 1908

Undertaker Mudell Dippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON BACK HEREOF.

# HEALTH DEPARTMENT, City of Baltimore.

C16152

Ward 5

C16152

Registered No. C

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 129 Chestnut st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Lawson

Residence, Give Street and Number, 129 Chestnut St.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: Abt 18 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Laura Lawson

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lara Lawson

(Address) 129 Chestnut St

Filed 10/6 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 2 1908

I HEREBY CERTIFY, That I attended did not deceased from ~~1908~~ to ~~1908~~

that I last saw h alive on 1908

and that death occurred, on the date stated above, at abt 6 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Riley Coroner M. D.

Address 1639 Bway

Date Oct 6 1908

Place of Burial Laurel Cemetery

Date Oct 6. 1908

Undertaker R St Elliott

Address 506 Rogers Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

C16153

Registered No. B C16153

C16153

118

# CERTIFICATE OF DEATH.

(Place of Death.) No. 309 E. Cust St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Miller

{Residence, if in Baltimore, Give Street and Number.} 309 E Cust st

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 7 th 1884

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John C Miller

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lizzie Gilck

BIRTHPLACE OF MOTHER (State or country): St Louis

OCCUPATION OF DECEASED: Packer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Miller (mother)

(Address) 305 E West St

Filed 10/6 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4 1908 to Oct 4 1908 that I last saw him alive on Oct 4 1908, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apendicitis

28 hours (DURATION) DAYS

Contributory (Primary) Rupture into peritoneal cavity collapse (DURATION) 2 hrs DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date Oct 5 1908

Place of Burial Western Cemetery

Date Oct. 7 th 1908

Undertaker E T Earle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C16154 Registered No. B C16154

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 707 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena McDonough

{Residence, if in Baltimore, Give Street and Number.} 707 E Chase St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 21 st 1874

AGE: 34 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Mich McDonough

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Casey

(Address) 707 E Chase St

Filed 10/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Oct 5 1908

that I last saw h[illegible]live on Oct 4th 1908,

and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

From history about 14 Months

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Cooke M.D.

Address 914 N Charles St

Date Oct 6. 1908

Place of Burial Holy Cross

Date Oct 7th 1908

Undertaker C A F Schluraff

Address 1711 E Fed ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 15 — C16155 — Registered No. B C16155

# CERTIFICATE OF DEATH.

105

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Genet

{Residence, if in Baltimore, Give Street and Number.} Reservoir St. Wallbrook

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 16th 1907

AGE ..... years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Rosario Genet

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Guitanina Succa

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosario Genet.

(Address) Reservoir St. Walbrook

Filed 10/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-5 1908

I HEREBY CERTIFY, That I attended deceased from 9-27- 1908 to 10-5 1908 that I last saw h~~im~~ alive on 10-5 1908, and that death occurred, on the date stated above, at 8:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Ileo Colitis

(DURATION) 20 DAYS

(Signed) Edward Bayley M.D.

Address Hebrew Hospital

Date 10-6- 1908

Place of Burial St. Vincents

Date Oct. 6th 1908

Undertaker Silby & Heiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16156 WRITE PLAINLY WITH INKABLE INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16156

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph O'Neill

Residence, Give Street and Number, St Vincents Infant Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Sept. 7 1904

AGE ..... years, 1 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy. Asy.

(Address)

Filed 10/6 1905 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 5 1905

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1905 to Oct. 4 1905 that I last saw h~~im~~ alive on Oct. 4 1905 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 6 1905

Place of Burial Mount Cathedral

Date Oct. 6 1905

Undertaker Martin Flaherty & Sons

Address 1016 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C16157 Registered No. C C16157

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Tryon

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH Aug 29 1907

AGE 1 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Oct 6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 4 1908

that I last saw him alive on Oct 4 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct 6th 1908

Place of Burial Our Cathedral

Date Oct 6th 1908

Undertaker Barton Frackelton & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

*SECTION 2. And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

C16158

# HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16158

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Le Roy Back

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M COLOR: W.

DATE OF BIRTH: October 2 1908

AGE: ..... years, ..... months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 10/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Oct 5 1908

that I last saw him alive on " 4 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Suspected Summer Day

& Fatty Degeneration of Brain

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 6 1908

Place of Burial Green Cathedral

Date Oct. 6 1908

Undertaker Martin Fahey & Sons

Address 666 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 14

C16159 *Registered No. B* C16159

117

# CERTIFICATE OF DEATH.

(Place of Death.) *No.* Franklin Square Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

*Full Name* Jacob S Fuhrer

*Residence, if in Baltimore, Give Street and Number.* 1207 Hull St

*Duration of Residence in Baltimore.*

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 12 1

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Stubler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Stubler

(Address) 1207 Hull St

Filed 10/6 1908 HARRY O. ANDREWS PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6. 1908 190

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Oct 6 1908

that I last saw h in alive on Oct 6 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 9 DAYS

Contributory (Primary.) Hemorrhagic Pancreatitis (DURATION) 9 DAYS

(Signed) Rudolph Duffy M.D.

Address Franklin Sq. Hosp.

Date Oct. 6. 1908 190

Place of Burial Holy Redeemer

Date Oct 9 1908

Undertaker J. M. Leech

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

C16160

Ward 17

Registered No. C 16160

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2824 ~~St Paul~~ Calvert St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John. Struven (Struven)

Residence, Give Street and Number, 2824 Calvert St.

Duration of Residence in Baltimore, Thirty years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | White |

DATE OF BIRTH: Oct. 24th 1855

AGE: 52 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: Peter Struven

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Sofshia Struven

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline H. Bode.

(Address) 2824 d. Calvert.

Filed 10/6 1908

HARRY C. ANDREWS,
PERMIT CLERK & Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 5th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1908 to Oct 5th 1908

that I last saw h~~im~~ alive on Oct 5th 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Calc. Endocarditis

Pulmonary oedema

(DURATION) 2 DAYS

Contributory (Primary) ——

(DURATION) — DAYS

(Signed) Jefferson Buck M. D.

Address 2844 St. Paul St.

Date Oct 5th 1908

Place of Burial Mount Pleasant Cemetery

Date October 7th 1908

Undertaker William Cook

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C16161 Registered No. C C16161

# CERTIFICATE OF DEATH.

137

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Ina Estelle Kilgore

Residence, Give Street and Number, 764 Carroll Ave (Waverly)

Duration of Residence in Baltimore, 4 years

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH 11 — 5 — 1885

AGE 20 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Canada

FULL NAME OF FATHER David N. Sinclair

BIRTHPLACE OF FATHER (State or county) Canada

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Canada

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Gore

(Address) 764 Carroll Ave. Waverly

Filed 10/6 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 10 — 5 — 1908

I HEREBY CERTIFY, That I attended deceased from 8-15- 1908 to 10 — 5 — 1908

that I last saw her alive on 8-10 1908

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Puerperal

Septicemia (DURATION) ..... DAYS

(Signed) Harry T. Day M. D.

Address University Hospital

Date 10 — 5 — 1908

Place of Burial Bridgeton York Pa

Date October 7th 1908

Undertaker William Rapp

Address 512 E North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 16162

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 N Eden St (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name ~~Dorothea~~ Dorothea Wiedemeyer

Residence, Give Street and Number, 1414 N Eden St

Duration of Residence in Baltimore, 55 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 5 1826

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~. Widowed

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Wiestenfeld

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Nichols

(Address) 1414 N Eden St

Filed 10/6 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 5 1908

that I last saw h[illegible] alive on Oct 4 1908

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Oedema.

(DURATION) 2 DAYS

Contributory (Primary) Cardiac dilatation

Jun Mitral insufficiency (DURATION) DAYS

(Signed) H. L. Tad M. D.

Address 1202 E Monument

Date Oct 5 1908

Place of Burial Western Cemetery

Date Oct 7 1908

Undertaker Wm Geis

Address 502 E Monument Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

C16163

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C-C16163

154

Ward 9

# CERTIFICATE OF DEATH.

(Place of Death.) No. 20 Cottage ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Catherine Gillace

Residence, Give Street and Number, 20 Cottage ave

Duration of Residence in Baltimore, 75 year

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | ~~COLOR~~ white

DATE OF BIRTH October 4th 1825

AGE 83 years, months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Londonderry Co Ireland

FULL NAME OF FATHER James Mullin

BIRTHPLACE OF FATHER (State or county) Londonderry Co Ireland

MAIDEN NAME OF MOTHER Mullen

BIRTHPLACE OF MOTHER (State or county) Londonderry Co Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Kennedy Boone

(Address) Mt Vernan Building Co City

6 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 5th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 21st 1908 to Oct 5 1908

that I last saw her alive on Oct 5th 1908

and that death occurred, on the date stated above, at 2:

P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion Syncope

(DURATION) 1 DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) William J. Pillsbury M. D.

Address 2801 York Road

Date Oct 6th 1908

Place of Burial St Mary's Cem Govans

Date October 7th 1908

Undertaker Henry W. Jenkins Sons Co

Address 300 Madison St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of**

DO NOT FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

H EXCEPTION OF PART ENCLOSED BY BLACK LINES.

N WILL FILL OUT THIS FORM WITH EX

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes unde furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the p and the ***cause and date o***

4.

C16164

and

C16165

are

missing

...EPARTMENT, City of Baltimore.

Ward 6 C16166 Registered No. B C16166

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1502 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Pack

{Residence, if in Baltimore, Give Street and Number.} 1502 Fairmount Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Pack

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Sarah Lee

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Baxton

(Address) 1502 Fairmount Ave

Filed 10/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Lodge Coroner M.D.

Address Coroner

Date Oct 6 08 1908

Place of Burial Laurel Cemetery

Date Oct 6 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the... be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause of death*.

READ THE LAW PRINTED ON THE MARGIN. C16167 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

**HEALTH DEPARTMENT, City of Baltimore.** C16167

Ward ..... Registered No. C 16167 1

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert Lansing

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR B

DATE OF BIRTH —

AGE About 28 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hoffman Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/7 1908

BARRY C. [illegible] Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 6 1908

I HEREBY CERTIFY, That I attended deceased from 10/2 1908 to Oct 6 1908

that I last saw her alive on Oct 6 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Dysentery

(DURATION) ..... DAYS

Contributory (Primary) Cystitis

Fever — (DURATION) ..... DAYS

(Signed) H. T. Eshleman M. D.

Address Bay View Asy

Date Oct 6 1908

JOHNS HOPKINS HOSPITAL
OCT 6 1908

Place of Burial ✓

Date ..... 1908

Undertaker G. L. Hurley

Address 931 N. Mocton St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.

THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. C C16168

# CERTIFICATE OF DEATH.

79

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonhard Schuske

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: — 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/7 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Oct 4 1908

that I last saw him alive on Oct 4 1908

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis

(DURATION) — DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Baltimore Md

Date Oct 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 6 - 1908 1908

Undertaker G. L. Hurley

Address 931 N. Howard St

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

79

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — Registered No. B C16169

C16169

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2915 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie E. Scharf.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 2 1900

AGE 7 years, 11 months, 3 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER George Scharf.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Frances a. Murphy

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frances a. Scharf

(Address) 2915 Hudson St.

Filed 10/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1908 to Oct 6, 1908 that I last saw h alive on Oct 6, 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Cerebral

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Oct 6, 1908.

Place of Burial Sacred Heart Cem.

Date Oct 9 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C16170 C16170

Ward 11

Registered No. B 166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 81 Joseph Harford St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Krall

{Residence, if in Baltimore, Give Street and Number.} 467 W. Fraiser Lefse

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frederick Krall

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Assist and Forelady at Wise Bros

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest L. Sollers

(Address) 614 Wyanoke ave

Filed 10/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 — 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~alive~~ on ~~1908~~

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (Accl)

Struck by Car 807. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date Oct 6 — 1908

Place of Burial St Pauls Druid Hill Cath

Date Oct 7th 1908

Undertaker Geo. Weber

Address 1155 N. Carey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH [illegible]ENT, City of Baltimore. C16171

Ward 1 C16171 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. Police Ambulance & Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Boyce

{ Residence, if in Baltimore, Give Street and Number. } 618 S Milton ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 3 24 1875

AGE: 33 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Boyce

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Boyce

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Boyce

(Address) 618 S. Milton Ave

Filed 10/7 1908 BARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 = 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 h Gaines St

Date 190

Place of Burial 1st Evangelical Lem

Date Oct 9th 1908

Undertaker H. Snyder & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C161172

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

C161172

Registered No. B.....

City of Baltimore, (No. Belair Rd & North of Erdman Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fredrick F Erdman

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 64 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Adam F. Erdman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hausser

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Erdman

(Address) .....

Filed 10/7 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1908 to Oct 5th 1908.

that I last saw him alive on Oct 5th 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Acute Dilatation

DURATION 7 DAYS

Contributory Arterio Sclerosis

DURATION 3 Years DAYS

(Signed) H. McElwee M. D.

Oct 6th 1908 (Address) 1419 Edgar

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Erdmans Com — DATE OF BURIAL: Oct 9th 1908

UNDERTAKER: J Wesley Jackson Son — ADDRESS: 745 N Gays St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 11 C16173 Registered No. B C16173

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Krell

{Residence, if in Baltimore, Give Street and Number.} 746 W. Lexington St.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krahl

(Address) 746 W Lexington St

Filed 10/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6th 1908

I HEREBY CERTIFY, That I attended deceased from 10-2 1908 to 10-6 1908.

that I last saw her alive on 10-6 1908,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paresis of the bowels

(DURATION) DAYS

Contributory (Primary.) Diabetis,

Umbilical Hernia (DURATION) 1 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Oct-6th 1908

Place of Burial St Paul's Luth Cemetery

Date Oct 8 1908

Undertaker Mrs A. Rohde & Son

Address 730 Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16174 Registered No. C C16174

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 672 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helmuth Wolff.

Residence, Give Street and Number, 672 W Franklin St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Sept. 29th 1908

AGE ..... years, ..... months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Child

BIRTHPLACE (State or county) Baltimore city

FULL NAME OF FATHER Charles Wolff

BIRTHPLACE OF FATHER (State or county) New York

MAIDEN NAME OF MOTHER Emelia Karla

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Wolff

(Address) 672 N. Franklin St.

Filed 10/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 5th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1908 to Oct 5th 1908

that I last saw h m alive on Oct 5th 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary, or Immediate,)

Spinal Meningitis
Convulsions. Atelectasis

(DURATION) 2 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Oct 6th 1908

Place of Burial Loudon Park Cemetery

Date October 7th 1908

Undertaker George Bentz

Address 574 N Biddle St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C16175 — Registered No. B C16175

# CERTIFICATE OF DEATH.

11

(Place of Death.) No. 2015 E Fayette St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret E. Pritchett

{Residence, if in Baltimore, Give Street and Number.} 2015 E Fayette st

Duration of Residence in Baltimore. about 12 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: August 5 1838

AGE: 70 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Meshach Bramble

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Pritchett

(Address) 1102 N Ann st

Filed 10/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 6 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Oct 6 1908 that I last saw her alive on Oct 6 1908, and that death occurred, on the date stated above, at 11.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Heart disease

Dilation. (DURATION) DAYS

(Signed) Raymond Power M.D.

Address 1838 E Baltimore St

Date October 7 1908

Place of Burial Crapo, Worcester Co, Md.

Date October 8 1908

Undertaker H. Allen Fuller

Address 2012 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16176 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 16176

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rocco Capella

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W.

DATE OF BIRTH: " 1

AGE: 23 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Italy

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address).....

Filed 10/7 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 6 — 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to Oct 6 1908

that I last saw h in alive on Oct 6 1908

and that death occurred, on the date stated above, at 3 30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis — (DURATION) ..... DAYS

(Signed) W. H. Taylor M. D.

Address Bay View Hospital

Date Oct 6 — 1908

Place of Burial Laurel Md Cemetery

Date October 7th 1908

Undertaker Chas F Evans

Address 118 W. Baltimore Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

C16177

Ward 5 C16177 Registered No. B C16177

# CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1021 Hillen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Gibbs

{Residence, if in Baltimore, Give Street and Number.} 1021 Hillen St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Female | Colored |

DATE OF BIRTH: October 5th 1908

AGE: 58 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Alexander Gibbs

BIRTHPLACE OF FATHER (State or country): Kent Co Md

MAIDEN NAME OF MOTHER: Mary Ann Dentler

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Gibbs (Sister)

(Address) 1021 Hillen St

Filed 10/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to Oct 5 1908 that I last saw h[er] alive on Oct 5 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Rectum

Recurrence following

Carcinoma of Uterus

4 Yrs Duration Past Months DURATION Past DAYS

Contributory (Primary) Carcinoma of Uterus DURATION DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette

Date Oct 6th 1908

Place of Burial St Peters Cemetery

Date October 8th 1908

Undertaker Helig B Pape

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

C16178

# HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 27

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1158 Hanticoke St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Neubert

Residence, Give Street and Number, 1158 Hanticoke

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH January 14th 1878

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balt Md

FULL NAME OF FATHER John Neubert

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Shade

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Box Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neubert

(Address) 1158 Hanticoke St

Filed 10/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 4 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to Oct 4 1908

that I last saw him alive on Oct 3 1908

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

5 months (DURATION) DAYS

Contributory (Primary) Anthemia

(DURATION) 2 DAYS

(Signed) Jos E Imms M. D.

Address 855 Columbia ave

Date October 5 1908

Place of Burial Loudon Park

Date Oct 7th 1908

Undertaker Geo Lemmon Funeral Co

Address 647 N Paca St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 5

# HEALTH DEPARTMENT, City of Baltimore.

C16179

Registered No. C16179

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. Lexington Near Exeter St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm Rabinowitz

Residence, Give Street and Number, 211 Harrison St.

Duration of Residence in Baltimore, 4 or 5 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Russia.

FULL NAME OF FATHER: David Rabinowitz.

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Bessie Maybaum.

BIRTHPLACE OF MOTHER (State or county): Russia.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Waldeman.

(Address) 222 N. High st.

Filed 10/7 1908

HENRY O. ANDREWS
PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 6 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ deceased from ~~190~~ to 190

that I last saw h ~~alive on~~ 190

and that death occurred, on the date stated above, at 5.30 am P M. CAUSE OF DEATH (Secondary or Immediate,)

Fractured Skull RC.

(by Wagon)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Ridley Cramer M. D.

Address 0639 Bway

Date Oct 7 Viewed Oct 7. 8 P.M. 1908

Place of Burial Pebble Road Woodlawn

Date Oct 8 1908

Undertaker McGuire & Carroll

Address 1227 Mulberry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. C16160 THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 22

Registered No. C 16160

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 607 S. Sharp St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sedonia Bird (Bird)

Residence, Give Street and Number, 607 S. Sharp St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1847

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or county) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or county) Don't know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Jones

(Address) 607 S. Sharp St

Filed 10/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4 1908 to Oct 6 1908

that I last saw her alive on Oct 4 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) 6 DAYS

(Signed) W. L. Smith M. D.

Address 628 Hanover St.

Date Oct 6 1908

Place of Burial Mt. Auburn Cemetery

Date October 8 1908

Undertaker John H. Toadvine

Address 942 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 21 — C16181 — Registered No. B C16181

106

# CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Campell St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Bowersox

{ Residence, if in Baltimore, Give Street and Number. } 607 Campell St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 29 1840

AGE: 68 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Lewis Wesley

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agust Bowersox

(Address) 607 Campell St

Filed 10/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Oct 6 1908 that I last saw her alive on Oct 5 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 28 DAYS

Contributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) MacNeill M.D.

Address 108 N. Fulton Ave

Date Oct 6 1908

Place of Burial Mt Olivet Cemetery

Date Oct 9/08 190

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

16

# HEALTH DEPARTMENT, CITY OF BALTIMORE. C16182

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

108

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C16182

Registered No. B.....

City of Baltimore, (No. 1004 Bloomingdale Rd 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Wilson

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 25 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: David Wilson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Watson

(Address) 1004 Bloomingdale Rd

Filed 10/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 6 1908 that I last saw him alive on " 6 1908, and that death occurred, on the date stated above, at 7 30 P. M. The CAUSE OF DEATH was as follows:

Strangulated Epigastric (Ventral) Hernia

(DURATION) 1½ DAYS

Contributory Shock (DURATION) ..... DAYS

(Signed) Chas. S. Parker M. D.

10-6 1908 (Address) 3108 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

UNDERTAKER: Wm Cook

DATE OF BURIAL: Oct 9 1908

ADDRESS: 502 E North Ave

Dr Houston. Cons.

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**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

C16183

12

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

C16183

Registered No. B.....

City of Baltimore, (No. 2204 Oak St St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John P. Meanley

### PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH Oct 6 1908 (Month) (Day) (Year)

AGE 69 years, 6 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Meanley

(Address) 2202 Oak St

Filed 10/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1908 to Oct 6 1908 that I last saw h living alive on Oct 6 1908, and that death occurred, on the date stated above, at 5- o'clock P. M. The CAUSE OF DEATH was as follows:

Pitting Oedema - Albuminuria Degeneration of viscera - Nephritis and Uraemia

(DURATION) Unknown DAYS

Contributory Asthma & Cough

Asthma 3 days Cough (DURATION) 1 DAYS

(Signed) C. O'Neill M. D.

Oct 7 1908 (Address) 1039 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 8 1908

UNDERTAKER: Chas E. Franck — ADDRESS: 146 N. Eutaw St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C16184 Registered No. B C16184

# CERTIFICATE OF DEATH. 92

(Place of Death.) No. 2828 N. North Ave, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Royden C. Cook Jr.

{Residence, if in Baltimore, Give Street and Number.} 2828 N. North Ave,

Duration of Residence in Baltimore. all life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1st 1907

AGE: 1 year, 1 month, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Royden C. Cook Sr.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dora A. Wells

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Royden C. Cook Sr,

(Address) 2828 N. North ave

Filed 10/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1908 to Oct 6" 1908 that I last saw him alive on Oct 5" 1908, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia (Acute Broncho)

Duration 2 weeks followed by Ileo colitis (DURATION) 12 DAYS

(Signed) H. E. Zepp M.D.

Address 3030 N. North ave

Date Oct 7th 1908

Place of Burial Loudon Park

Date Oct - 8 1908

Undertaker Owen Coad

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16185

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 937 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James O. Gorman

Residence, Give Street and Number, 937 Hollins St

Duration of Residence in Baltimore, 40 Years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Book Binder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 937 Hollins St

Filed Oct 8 1908 HARRY G. ANDREWS Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 6 1908 to Oct. 5 1908

that I last saw him alive on Oct 5, 1908

and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate,)

Congestion of the Lungs

(DURATION) 6 hours

Contributory (Primary) Bright's disease (DURATION) 60 DAYS

(Signed) M. A. O'Neill M. D.

Address 108 N. Fulton Ave

Date Oct 7 1908

Place of Burial Cathedral

Date Oct 8. 1908

Undertaker H. C. Middlefell

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16186

## CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Valley St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward J. Burns

Residence, Give Street and Number, 1113 Valley St

Duration of Residence in Baltimore, all his life

### PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: Sept 25 1895

AGE: 13 years, — months, 11 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Jas F Burns

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary E. Connongton

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1113 Valley St

Filed Oct 8 1908 HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct. 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Oct 6 1908

that I last saw h— alive on Oct 6 1908

and that death occurred, on the date stated above, at 7.00 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 30 DAYS

Contributory (Primary) Intestinal Hemorrhage (DURATION) DAYS

(Signed) James McKenton M. D.

Address 710 E Chase St.

Date Oct 7 1908

Place of Burial Cathedral

Date Oct 9 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 Registered No. B C16187

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital E. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Hardey D. Graham

{Residence, if in Baltimore, Give Street and Number.} Johns Hopkins Hospital

Duration of Residence in Baltimore. Aug 22/05 — Oct 7/05.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bradford Canada

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mayfield

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Herd

(Address) John Hopkins Hospital

Filed Oct 8. 1905 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7- 1905

I HEREBY CERTIFY, That I attended deceased from Aug 22d 1905 to Oct 7th 1905 that I last saw h~~im~~ alive on Oct 7 1905, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

6 months (DURATION) DAYS

Contributory (Primary.)

6 mo's (DURATION) DAYS

(Signed) E. K. Cullen M.D.

Address Johns Hopkins Hosp.

Date October 7th 1905

Place of Burial Bradford Canada

Date Oct. 8, 1905

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16188 81

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 21

Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1148 Scott St. (If Death ... Hospital or ... give its Nu... of Street and...

Full Name Gottlieb Keehner

{ Residence, if in Baltimore, Give Street and Number. } 1148 Scott St

Duration of Residence in Baltimore. No yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Dec 17 1836

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: widowed,

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Gottlieb Kehner,

BIRTHPLACE OF FATHER (State or country): Germany,

MAIDEN NAME OF MOTHER: Carline Kumm,

BIRTHPLACE OF MOTHER (State or country): Germany,

OCCUPATION OF DECEASED: retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Keehner

(Address) 1000 Fayette,

Filed

..... 190.....

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7 1908

I HEREBY CERTIFY, That I attended deceas... Sept ... 190 ) to Oct 7 1908

that I last saw h... alive on Oct 7 19...

and that death occurred, on the date stated above, a... AM. CAUSE OF DEATH (Secondary or Imm...

Atheromatous

Degen. Hrt & Arter...

1 yr (DURATION)

Contributory (Primary.) Atheroma

(DURATION)

(Signed) [illegible]

Address 39 W Fayette

Date Oct 7 1908.

Place of Burial: Laurel Ridge Cem...

Date Oct. 9 1908

Undertaker Geo Smith Co.

Address 1006 Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 17

Registered No. C 16189

166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 5th Ave and Park Height Ave. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Anderson, Col.

Residence, Give Street and Number, 537 Dolphin St.

Duration of Residence in Baltimore, ?

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 65? years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Luna

(Address) 537 Dolphin St

Filed 10/8 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Accidental trauma — fell over ditch, struck head did not recover from the shock (DURATION) ..... DAYS

Contributory (Primary) Arterio-sclerosis Myocarditis, (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date October 6, 1908

Place of Burial Mt Auburn

Date Oct 8 1908

Undertaker Hayes & Adams

Address 1006 Pennsylvania Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

**SECTION 2.** *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

# HEALTH DEPARTMENT, City of Baltimore.

C16190

Registered No. C C16190

# CERTIFICATE OF DEATH.

165

(Place of Death.) No. 1206 E. Preston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles. E. Kent

Residence, Give Street and Number, 1206 E. Preston St.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | July 10th 1908 |
| AGE | years, 2 months, 27 days |
| SINGLE, MARRIED, WIDOWED OR DIVORCED. | Single |
| BIRTHPLACE (State or county) | City |
| FULL NAME OF FATHER | Raymond Kent. |
| BIRTHPLACE OF FATHER (State or couuty) | Md. |
| MAIDEN NAME OF MOTHER | Marie A. Hanner |
| BIRTHPLACE OF MOTHER (State or county) | City. |
| OCCUPATION OF DECEASED | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marie. E Kent.

(Address) 1206 E Preston St.

Filed 10/8 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1908 to Oct 7th 1908

that I last saw him alive on Oct 6th 1908

and that death occurred, on the date stated above, at 8 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Entric Catarrh

(DURATION) 12 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Coroner M. D.

Address 1504 Eager

Date Oct 7th 1908

Place of Burial Baltimore Cemetery

Date October 8th 1908

Undertaker Henry Hoede & Son

Address 1301 E Eager St.

Remarks

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 10 — C16191 — Registered No. C C16191

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 724 Courtney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Sheridan

Residence, Give Street and Number, 724 Courtney St.

Duration of Residence in Baltimore, about 32 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1

AGE 45 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Dominic Sheridan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mt Kenna

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bridget Sheridan

(Address) 724 Courtney St.

Filed 10/8 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7th 1908

I HEREBY CERTIFY, That I attended deceased from About June 1908 to Oct 7th 1908

that I last saw him alive on about Sept 14th 1908

and that death occurred, on the date stated above, at 10 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

a. (DURATION) ..... DAYS

Contributory (Primary) Phthisis pulmonalis about (DURATION) 100 DAYS

(Signed) Lee R. Reynolds M. D.

Address 809 N Charles St

Date Oct 7th 1908 190

Place of Burial New Cathedral Cemetery

Date October 9th 1908

Undertaker Henry Hooks Son

Address 1301 E. Eager St.

Remarks .....

Ward 14 C16192 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John G. Washington

{ Residence, if in Baltimore, Give Street and Number. } 509 Baker St.

Duration of Residence in Baltimore. 18 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John G. Washington

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Nellie Rodgers

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Washington

(Address) 509 Baker St

Filed 10/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1908 to Oct 8 1908 that I last saw him alive on Oct 7 1908, and that death occurred, on the date stated above, at 7:35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis (DURATION) 20 DAYS

Contributory (Primary.) Typhoid Fever

August 1908. (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Oct 8 1908.

Place of Burial Loudon Park

Date Oct 9th 1908

Undertaker Hammond Wright

Address 1364 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16193 Registered No. B C16193

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 Presstman St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James H. Young.

{ Residence, if in Baltimore, Give Street and Number. } 1710 Presstman St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Nov 18th 1907

AGE ..... years, 10 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James E Young

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Mary A Murdock

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Young

(Address) 1710 Presstman St

Filed 10/8 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 7 1908 that I last saw him alive on " 7 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Cholera-infantum

(DURATION) 8 DAYS

(Signed) H. DeS. Kelly M.D.

Address 2122 Pennsylvania Ave.

Date Oct 8. 1908

Place of Burial St Johns

Date Oct 9th 08 1908

Undertaker Hammond Wright

Address 1710 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B C16194

C16194

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 31 N. Carey st (John) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. W. McCormick

{ Residence, if in Baltimore, Give Street and Number. } 31 N. Carey st.

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mch 24 - 1847

AGE 61 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John W. Cormick

BIRTHPLACE OF FATHER (State or country) Phila Pa.

MAIDEN NAME OF MOTHER Mary A. Barkley

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. W. Cormick

(Address) 31 N. Carey St.

Filed 10/8 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 - 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Oct 6 1908

that I last saw him alive on Oct 5 1908

and that death occurred, on the date stated above, at 3 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Causing - Apoplexia

Hemiplegia

(DURATION) 14 DAYS

Contributory (Primary) Cancer

(DURATION) 3 DAYS

(Signed) Henry E. Dale M.D.

Address 1203 W. Fayette St

Date Oct 6 1908

Place of Burial Oct. 8. 1908.

Date London Park. 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 C16195 Registered No. B C16195

# CERTIFICATE OF DEATH.

71

(Place of Death.) No. 421 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Foster

{Residence, if in Baltimore, Give Street and Number.} 421 N Exeter St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH November 24th 1907

AGE ..... years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Ellis Foster

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Tobie Hornigberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis Foster

(Address) 421 N. Exeter St.

Filed 10/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1908

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 8th 1908 to ..... 190.. that I last saw h[er] ~~living~~ found as it appeared, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) 1 DAYS

Contributory (Primary.) Improper Feeding (DURATION) ..... DAYS

(Signed) M. W. Aaronson M.D.

Address 1356 Baltimore St

Date Oct 8th 1908

Place of Burial Helena Boundale Cemetery

Date Oct. 8, 1908

Undertaker Max Levinson

Address 620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C16196 Registered No. BC16196

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daniel Hawkins

{ Residence, if in Baltimore, Give Street and Number. } 21 East Lee St

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 37 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1908 to Oct 4th 1908 that I last saw h[im] alive on Oct 4th 1908, and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Heart Failure)

Ten months (DURATION) DAYS

Contributory (Primary.) Heart Disease

10 months (DURATION) DAYS

(Signed) F. M. Hanes M.D.

Address John Hopkins Hospital

Date October 6th 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date OCT 7 - 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

200

Ward 16 C16197 Registered No. B 179

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2033 Harlem Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos W Reid

{Residence, if in Baltimore, Give Street and Number.} 2033 Harlem ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 15 1908

AGE ..... years, 4 months, 27 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Benjamin Reid

BIRTHPLACE OF FATHER (State or country) Ala

MAIDEN NAME OF MOTHER Charlotte Allmut

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Benjamin Reid

(Address) 2033 Harlem Ave

Filed 10/8 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7 1908

I HEREBY CERTIFY, That I attended deceased from October 7 1908 to October 7 1908 that I last saw him alive on Oct 7 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Marasmus

2 months (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date October 8 1908

Place of Burial Mt Olivet Cem

Date October 8 1908

Undertaker J. & J. B. Cook

Address 1003 W Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16198 Registered No. B C16198

45

# CERTIFICATE OF DEATH.

(Place of Death.) No. 117 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Elizabeth Hamlin

{Residence, if in Baltimore, Give Street and Number.} 117 S Poppleton St.

Duration of Residence in Baltimore. always

## PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 6 1842

AGE 66 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Hamlin

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Crouch

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sadie Hamlin

(Address) 117 S. Poppleton St

Filed 10/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to October 1908 that I last saw h[illegible] alive on October 5 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of the Larynx with Metastases in the Liver & Stomach (DURATION) 540 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) A. H. A. Mayer M.D.

Address 1618 Madison Ave

Date October 6 1908.

Place of Burial Western

Date Oct 8 190

Undertaker J. B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C16199

## CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Amberg

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

### PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH —

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/8 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Oct 7 1908

that I last saw him alive on Oct 7 1908

and that death occurred, on the date stated above, at 4 15 M. CAUSE OF DEATH (Secondary or Immediate.)

Cystis of Epithelioma.

(DURATION) — DAYS

Contributory (Primary) Pyelo-nephritis.

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 7 1908

Place of Burial Trinity Cem

Date Oct. 8, 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

# CERTIFICATE OF DEATH.

C16200

Registered No. B.....

City of Baltimore, (No. 418 W. Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anderson Spies

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 62 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine M Spies

(Address) 418 W Mulberry St

Filed 10/8 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1908 to Oct. 6, 1908 that I last saw h— alive on Oct. 6 1908, and that death occurred, on the date stated above, at 9-30 P. M. The CAUSE OF DEATH was as follows:

Auto Toxemia followed by Uremic Convulsions, Complicated

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. H. Hoffman M. D.

Oct 7 1908 (Address) 702 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Oct 9 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 9 S Poppleton

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C16201

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2657 Bernard St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Lemond Harrison

Residence, Give Street and Number, 2657 Bernard St.

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR white

DATE OF BIRTH ~~Sept.~~ Dec 22 1878

AGE ~~29~~ 30 years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Edward Harrison

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Minerva Taylor

BIRTHPLACE OF MOTHER (State or county) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. A. Harrison

(Address) 2657 Bernard St

Filed 10/8 1908 HARRY C. ANDREWS. PERMIT CLERK, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 6. 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Oct 6 1908

that I last saw him alive on July 15 1908

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis (DURATION) 8 Months DAYS

Contributory (Primary) Exhaustion (DURATION) 7 DAYS

(Signed) W. A. Fry M. D.

Address 1 E 25th St

Date Oct 7 1908

Place of Burial St. Marys Hampden

Date Oct 8 1908

Undertaker Wm E. Chenowith & Son

Address 919 3rd ave

Remarks Embalmed by Undertaker

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C16202 Registered No. B C16202

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 2101 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Williams Czaska

{Residence, if in Baltimore, Give Street and Number.} 2101 E. Fort Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 2 July 1908 |
| AGE | years, 3 months, 5 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | |
| BIRTHPLACE (State or country) | Balto. Md |
| FULL NAME OF FATHER | Bernard Czaska |
| BIRTHPLACE OF FATHER (State or country) | Germany. |
| MAIDEN NAME OF MOTHER | Mary Viola Sleet |
| BIRTHPLACE OF MOTHER (State or country) | Elizabeth. Pa. |
| OCCUPATION OF DECEASED | None |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) x Mrs. Czaska.

(Address) 2101. E. Fort Ave.

Filed 10/8 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th Oct 1908

I HEREBY CERTIFY, That I attended deceased from 29 Sept 1908 to 7 Oct 1908

that I last saw h[illegible] alive on 7 Oct 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 7 DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St

Date 8 Oct 1908

Place of Burial Cedar Hill

Date October 8th 1908

Undertaker Jos. Stuntebeck Jr.

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16203 Registered No. B C16203

# CERTIFICATE OF DEATH.

(Place of Death.) No. 513 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jesse M. Stromer

{ Residence, if in Baltimore, Give Street and Number. } 513 N. Glover

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 12 1886

AGE 22 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Jesse E. Sullens

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Annie M. Ludwig

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Rower Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sebastian Stromer

(Address) 513 N. Glover st.

Filed 10/8 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Oct 7 1908

that I last saw her alive on Oct 6 1908,

and that death occurred, on the date stated above, at 1.05 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 34 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Linden Ave

Date Oct 7 1908

Place of Burial Holy Redeemer

Date Oct. 10 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

# HEALTH DEPARTMENT, City of Baltimore.

Ward ____ Registered No. C 16204

154

# CERTIFICATE OF DEATH.

(Place of Death.) No. Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melinda Ames

Melinda Ames

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B.

DATE OF BIRTH —

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM,

Filed 10/8 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Oct 7 1908

that I last saw h[illegible] alive on Oct 7 1908

and that death occurred, on the date stated above, at 3.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Old Age

(DURATION) DAYS

(Signed) W. H. Baker M. D.

Address Baysview Hosp.

Date Oct 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 8 - 1908 1908

Undertaker G. L. Hurley

Address 931 N. Monroe St.

Remarks —

FOR STATISTICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1/8

Ward 10 C16205 Registered No. B C16205

# CERTIFICATE OF DEATH.

108

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Off

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 56 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1st November 1836

AGE 71 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Off.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Barbara Grünewald

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Joseph de Ste Marie

(Address) Preston & Valley Sts

Filed 10/8 1908 HARRY C. ANDREWS. FERMIS CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on Oct 6 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) T. Alderner M.D.

Address 1133 Valley St

Date Oct 7 1908

Place of Burial St. Alphonsus Ca

Date Oct. 8" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C16206 — Registered No. B 61

# CERTIFICATE OF DEATH.

(Place of Death.) No. ~~7 Oct~~ 1417 Garrett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Danielcick, Bronislaw.

{Residence, if in Baltimore, Give Street and Number.} 1417 Garrett Ave

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 7 Oct 1905

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Boznick Danielcick

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Michalina Kridgenska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M F. Sadowski.

(Address) 703 S Anne St

Filed 10/8 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 October 1908

I HEREBY CERTIFY, That I attended deceased from 5th Oct 1908 to 7th Oct 1908 that I last saw him alive on 7th Oct 1908 and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 7 DAYS

Con'tributory (Primary.) Whooping Cough

(DURATION) DAYS

(Signed) James Lopez M.D.

Address 1322 Hanover St

Date 8 Oct 1908

Place of Burial St Stanislaus

Date Friday Oct 9 " 1908

Undertaker M F. Sadowski.

Address 703 S. Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C16207 Registered No. B 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 W Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John McComas

{Residence, if in Baltimore, Give Street and Number.} 1834 W Broadway

Duration of Residence in Baltimore. 10 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis X Lacroix

(Address) 1330 N Broadway

Filed 10/8 1908 HARRY C. [redacted] Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1908 to Oct 3rd 1908

that I last saw him alive on Oct 2nd 1908

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [redacted] M.D.

Address 150 E Eager St

Date Oct 3rd 1908

Place of Burial Hampstead Md

Date OCT 8 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16208

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Blake

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR Col.

DATE OF BIRTH ..... 1908

AGE — years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 10/8 1908 HARRY C. ANDREWS Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct. 6 1908

that I last saw him alive on Oct. 6 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,) Marasmus

.....

.....

.....(DURATION) ..... DAYS

Contributory (Primary) .....

.....(DURATION) ..... DAYS

(Signed) John C. Manning M. D.

Address St Vincents Hospital

Date Oct. 8 1908

Place of Burial Druid Cathedral

Date Oct. 8 1908

Undertaker Martin Tabby & Sons

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 16209

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Kinsella

Residence, Give Street and Number, St Vincents Infant Asy

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH Sept 17 1907

AGE ..... years, ..... months, 1 day

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address) .....

Filed 10/8 1908 HARRY G. [illegible] PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 6 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date ..... 1908

Place of Burial Mount Calvary

Date Oct 8 1908

Undertaker Martin Fahey J Son

Address 220 N Gay st

Remarks .....

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 016210

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Silly

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH ..... 1908

AGE ..... years, ..... months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address) .....

Filed 10/8 1908 HARRY C. [redacted]

PERMIT [redacted] Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7" 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct 7 1908

that I last saw him alive on Oct 7 1908

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John E Manning M. D.

Address St Vincents Institute

Date Oct 8 1908

Place of Burial New Cathedral

Date October 8 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — HEALTH DEPARTMENT, City of Baltimore. — Registered No. C C16211

C16211

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Voeth

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Aug. 21 1908

AGE ... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) ...

Filed 10/8 1908 HARRY C. ANDREW Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 6 1908

that I last saw h alive on Oct. 6 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) John C. Manning M. D.

Address St Vincents Hospital

Date Oct. 7 1908

Place of Burial Our Cathedral

Date Oct. 8 1908

Undertaker Martin Fahey Jno

Address 408 Lafayette ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16212

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Isaacson

Residence, Give Street and Number, 1121 E Fayette st

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR Hr.

DATE OF BIRTH 1.90

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. md

FULL NAME OF FATHER Morris Isaacson

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Bessie Lazarus

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asylum

(Address)

Filed 10/9 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 7 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct 8 1908

Place of Burial Holmes Randall Co

Date Oct 9, 1908

Undertaker May Linnan

Address 620 N Eutaw st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C16213 Registered No. B C16213

# CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1408 Retreat St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William Clark.

{Residence, if in Baltimore, Give Street and Number.} 1408 Retreat St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 10 1893.

AGE 15 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER John C. Clark.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Miss Irene Little.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Clark

(Address) 1408 Retreat St

Filed 10/9 1908 HARRY C. ANDREWS, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 7. 1908

that I last saw him alive on Oct 6 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) — DAYS

Contributory (Primary.) Pleurisy

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date Balto Md Oct 7. 1908

Place of Burial Westminster Md

Date Oct 9/08 1908

Undertaker Wm Cook

Address 502 E. Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

# HEALTH DEPARTMENT, City of Baltimore.

C16214

Registered No. C C16214

# CERTIFICATE OF DEATH.

137

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ethel Martin.

Residence, Give Street and Number, 1825 N. Lanvale St

Duration of Residence in Baltimore, 1894.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH Unknown

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. N. Martin

(Address) 1825 N Lanvale St.

Filed 10/9 1908 HARRY C. ANDREWS, - Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) DAYS

Contributory (Primary) Abortion, produced by herself (DURATION) DAYS

(Signed) Silas Bacon M. D.

Address 700 N. Laf. Av. Coroner

Date Oct 8 1908.

Place of Burial West Rive[illegible] Md

Date Oct 10/08 190

Undertaker Wm Cook

Address 503 E. Fairfield

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C C16215

# CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1009 York Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella J. Price

Residence, Give Street and Number, 1009 York Road

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Female | White |

DATE OF BIRTH July 10 1906

AGE 2 years, 3 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER James W. Price

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Amelia Paca

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Price

(Address) 1009 York Road

Filed 10/9 1908 HARRY C. ARMIGER.

PERMIT CLERK Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1908 to Oct 7 1908

that I last saw her alive on Oct 7 1908

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Acute indigestion—toxic.

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. L. Whittle. M. D.

Address 906 Gorsuch Ave.

Date Oct 8. 1908

Place of Burial Balto Cem

Date Oct 10 1908

Undertaker Wm Cook

Address 1502 E. Fallstaff

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C16216 Registered No. C C16216

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Wilcox St. 27

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Walsh

Residence, Give Street and Number, 1300 Wilcox St.

Duration of Residence in Baltimore, About 22 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1

AGE: 32 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Balto. Co. Md.

FULL NAME OF FATHER: Alexander Baker

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Artemis Hagerty

(Address) 1300 Wilcox St.

Filed 10/9 1908

HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 8th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1908 to Oct 8th 1908

that I last saw her alive on Sept 24th 1908

and that death occurred, on the date stated above, at 11.55 M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis Pulmonalis

(DURATION) months ? DAYS

Contributory (Primary) Peritonitis

(DURATION) ? DAYS

(Signed) L. Fm. C. Parker M. D.

Address 1051 Aisquith St.

Date Oct 8th 1908

Place of Burial St. Joseph's Cemetery Texas. Md.

Date October 10th 1908

Undertaker Henry Stroech & Sons

Address 1301 E. Eager St

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore

Ward 15 Registered No. C 10217

# CERTIFICATE OF DEATH.

114

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Donohue.

Residence, Give Street and Number, 904 E. Pratt St.

Duration of Residence in Baltimore, 16 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1

AGE 39 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/9 1908 HARRY C. [redacted] Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Oct 7 1908 that I last saw him alive on Oct 7 1908 and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Ethanstin

(DURATION) ..... DAYS

Contributory (Primary)

Cholecystitis (DURATION) 21 DAYS

(Signed) M. A. V. Smith M. D.

Address Md Gen Hospital

Date Oct 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL OCT 8 - 1908

Date ..... 190

Undertaker Commissioner Health. Per Wm. E. Woodall.

Address

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

21

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1115 Park Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Duffield Savage

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 29 (Day) 1848 (Year)

AGE: 60 years, 9 months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Accomac Co Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Horse dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. D. Savage.

(Address) 1929 E. Monument St

Filed 10/9 190 8 HARRY C. ANDREWS. PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from September 10 1908 to Oct 8 1908 that I last saw h[illegible] alive on Oct 7th 1908, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Brights Disease (DURATION) 3 Months DAYS

Contributory Uremia (DURATION) 4 DAYS

(Signed) Frank W Gunnon M. D.

Oct 8 1908 (Address) 322 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oakdale Cemetery | Oct 11 1908 |
| UNDERTAKER | ADDRESS |
| Geo. J. Smith & Co. | 409 W Fayette St. |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C16219 Registered No. B C16219

# CERTIFICATE OF DEATH.

140

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abbie Johnson

{Residence, if in Baltimore, Give Street and Number.} 617 Collet Street

Duration of Residence in Baltimore. 23 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Harris

BIRTHPLACE OF MOTHER (State or country): Frederic Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 617 Collet St

Filed 10/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 8 1908

I HEREBY CERTIFY, That I attended deceased from 10/8/1908 to 10/8/1908.

that I last saw h alive on 10/8/1908.,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

due to shock following child birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edgar Smith Smithson M.D.

Address 2729 St. Paul St.

Date 10/9 1908

Place of Burial Mt Auburn

Date 10/11 1908

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C16220 Registered No. B

42 93

# CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N Bradford st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Valenta

{ Residence, if in Baltimore, Give Street and Number. } 411 N Bradford st.

Duration of Residence in Baltimore. 20 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vojtech Valenta

(Address) 411 N Bradford st

Filed 10/9 1908 HARRY C. ANDREWS, DEPUTY CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 8 1908 that I last saw her alive on Oct 8 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 2309 E. Monument

Date Oct 8 1908

Place of Burial Holy Redeemer

Date Oct 10 1908

Undertaker Frank Crack and Son

Address 1904 Eastlan Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 11

Registered No. C 016221

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 myrtle ave St Peters Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wanirta Appler

Residence, Give Street and Number, St Peters Asylum

Duration of Residence in Baltimore, 3 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH unknown

AGE about 4 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Cumberland Md

FULL NAME OF FATHER Saml Appler

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Ada F. Staley

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flowrence Appler

(Address) St Peters Asylum

Filed 10/9 1908

HARRY O. ANDREWS.
PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Oct 8th 1908

that I last saw her alive on Oct 8th 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Of an acute infection of the throat undetermined by the Health Department.

Seven (DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) John A Pennington M. D.

Address The Marlborough

Date Oct 9th 1908

Place of Burial Loudon Park

Date Oct. 9th 1908

Undertaker G. F. Walker

Address 773 N Lafayette ave

Remarks

Ward 10 C16222 Registered No. B C16222

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 820 N. Payson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura V. Abey

{ Residence, if in Baltimore, Give Street and Number. } 820 N Payson St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1862

AGE 46 years, ..... months, ..... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Dale Md.

FULL NAME OF FATHER Wm Mills

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Martha A Mills

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Mills

(Address) 223 Warren Ave

Filed 10/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8th, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1908 to Oct 8, 1908 that I last saw her alive on Oct 8, 1908, and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic coma.

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) ? DAYS

(Signed) Walter H. Mayhew, M.D.

Address 1718 W. Lafayette Ave.

Date October 8, 1908

Place of Burial Loudon Park

Date Oct 10 1908

Undertaker John J. Coogan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16223 Registered No. B

# CERTIFICATE OF DEATH.

157

(Place of Death.) No. Franklin Sq. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Sachs.

{Residence, if in Baltimore, Give Street and Number.} 112 N. Carlton St.

Duration of Residence in Baltimore. 1 Month

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR |
|---|---|
| Boy | W. |

DATE OF BIRTH Sept. 10 1908

AGE ..... years, 1 months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED S

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Harry Sachs

BIRTHPLACE OF FATHER (State or country) Not known.

MAIDEN NAME OF MOTHER Carrie Sachs

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Duffy

(Address) Franklin Sq. Hosp.

Filed 10/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1908 to Oct. 7 1908 that I last saw him alive on Oct. 7 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Marasmus

(DURATION) 21 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date Oct. 9 1908

Place of Burial COLLEGE OF P. & S. OCT 9 - 1908

Date ..... 190 ....

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

201

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C C16224

92

# CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S. Washington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Smith.

Residence, Give Street and Number, 513 S Washington st.

Duration of Residence in Baltimore, 22 yrs.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 12 1868

AGE: 39 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: August Schmidt.

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Rosa Schulez

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Smith, Son

(Address) 513 S. Washington st

Filed 10/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 8th 9.30 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 7 1908

that I last saw h im alive on Oct 7 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

Cardiac Bronchitis

About (DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jos W Weber M. D.

Address 1721 Caulton av

Date Oct 8, 1908.

Place of Burial St Stanislaus.

Date Saturday Oct 10th 1908

Undertaker M F Sudowski.

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C16225 Registered No. B C16225

# CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1742 Hoffman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie Winkler

{Residence, if in Baltimore, Give Street and Number.} 1742 Hoffman Place

Duration of Residence in Baltimore. 3 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 18 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Lewis Winkler

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ann Taylor

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Preston Winkler

(Address) 1742 Hoffman Place

Filed Oct 9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Oct 8 1908 that I last saw her alive on Oct 8 1908 and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma continued

Heart failure

Apoplexy continued

(DURATION) 18 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 18 DAYS

(Signed) Orlyn Benmara M.D.

Address 708 Ensor St

Date Oct 9 1908

Place of Burial Mt Herrigan Va West-Point Va

Date Oct 10th 1908

Undertaker W A Collivet

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C16226
64

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 412 N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Forrest

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Unknown
(Month) (Day) Year)

AGE 50 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Summers

(Address) 412 N. Durham

Filed Oct 9 1908 HARRY C. ANDR[illegible]
PERMIT CLERK.
Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Oct 9 1908 that I last saw h[illegible] alive on Oct 9 1908, and that death occurred, on the date stated above, at 11.45 a. m. The CAUSE OF DEATH was as follows:

Apoplexy
(DURATION) 42 DAYS

Contributory Pneumonia
(DURATION) 7 DAYS

(Signed) Wm C Lyda Barnes M. D.

1908 (Address) 2218 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel | Oct 11 1908 |
| **UNDERTAKER** | **ADDRESS** |
| R A Elliott | 506 Royer Ave |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 016227

64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 312 Lewis St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Boone

{ Residence, if in Baltimore, Give Street and Number. } 312 Lewis St.

Duration of Residence in Baltimore. —

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Boone

(Address) 312 Lewis St

Filed Oct 9 1908

HARRY C. ANDREWS, Registrar

PERMICOLERR,

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1908 to Oct 8 1908 that I last saw h[illegible] alive on Oct 8 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) DAYS

Contributory (Primary.) Heart failure

Exhaustion (DURATION) DAYS

(Signed) Howard C Silver M.D.

Address 1904 Bolton St ✓

Date Oct 9th 1908

Place of Burial Laurel

Date Oct 10 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C 16228

# CERTIFICATE OF DEATH.

129

(Place of Death.) No. Provident Hospital 4130 Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertie Page

Residence, Give Street and Number, 1304 Mulberry st

Duration of Residence in Baltimore, life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH ..... 1

AGE 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Wid

BIRTHPLACE (State or county) md

FULL NAME OF FATHER Nathaniel Alyson

BIRTHPLACE OF FATHER (State or county) md

MAIDEN NAME OF MOTHER Frenzy Wilson

BIRTHPLACE OF MOTHER (State or county) md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Page

(Address) 1304 Mulberry st

Filed Oct 9 1908 HARRY C. ANDREWS. Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 — 1908 to Oct 7 — 1908

that I last saw her alive on Oct 7 — 1908

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate,)

Septic Peritonitis

(DURATION 3 DAYS

Contributory (Primary) Hysterectomy for Uterine Fibroid (DURATION) several years ~~DAYS~~

(Signed) W. F. Harris M. D.

Address 1344 Druid Hill ave

Date Oct 8 — 1908

Place of Burial Laurel

Date Oct 10 — 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks .....

Ward 4 Registered No. B C16229

# CERTIFICATE OF DEATH. 92

(Place of Death.) No. 797 Waesche St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Pembroke

{Residence, if in Baltimore, Give Street and Number.} 794 Waesche St

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Albert Johns

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henretta Penbrooke

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta Penbrooke

(Address) 794 Waesche St

Filed Oct 9 1908 HARRY C. ANDERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Oct 6 1908

that I last saw h[illegible] alive on Oct 6 1908,

and that death occurred, on the date stated above, at 10.27 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia

(DURATION) DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) 6 DAYS

(Signed) M. A. Wemberg M.D.

Address 742 W Fayette St

Date Oct — 7 — 1908.

Place of Burial Mt Auburn

Date Oct 10 1908

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

# HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16230

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 10 West Hamilton St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Florence M. Clark

Residence, Give Street and Number, 10 W. Hamilton St

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH July 23 1858

AGE 50 years, 2 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER William Mathews

BIRTHPLACE OF FATHER (State or county) Maryland.

MAIDEN NAME OF MOTHER Harriet Mathews

BIRTHPLACE OF MOTHER (State or county) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. C. Whitney

(Address) 58 N. Biddle St

Filed Oct 10 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Oct 1908

that I last saw her alive on Oct 6 1908

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate,)

Uremic Coma

(DURATION) 10 DAYS

Contributory (Primary) Dilated Heart & Acute Nephritis (DURATION) DAYS

(Signed) J. Mitchell Hundley M. D.

Address 1009 Cathedral St

Date Oct 9 1908

Place of Burial London Park Cem.

Date October 10th 1908

Undertaker Henry W. Jenkins & Sons Co.

Address 30 & N. Broadway St.

# HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 016231

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2127 St Paul St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Knox Boyd

Residence, Give Street and Number, 2127 St Paul St

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 10th 1830

AGE: 77 years, 11 months, 28 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: William Rogers

BIRTHPLACE OF FATHER (State or county): Ireland.

MAIDEN NAME OF MOTHER: Anna Blythe Leach

BIRTHPLACE OF MOTHER (State or county): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. C. H. Boyd.

(Address) 2127 St Paul St.

Filed Oct 10 1908 HARRY C. ANDERSON, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 8th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 8 1908

that I last saw her alive on Oct 7 1908

and that death occurred, on the date stated above, at 6-15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Catarrhal Pneumonia (Senile)

A subject of Chr. Bronchitis

for several years past-

Say 3 days (DURATION) DAYS

Contributory (Primary) Pneumonia -

dilated heart, age (DURATION) some years

(Signed) Robert W. Mifflin M. D.

Address 1011 Mad. Av

Date Oct 9th 1908

Place of Burial Greenmount Cem

Date October 10th 1908

Undertaker Henry H. Jenkins Son & Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C16232

# CERTIFICATE OF DEATH.

81

(Place of Death.) No. 509 N. Wolfe st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Henry L. Tiemann

{Residence, if in Baltimore, Give Street and Number.} 509 N. Wolfe st.

Duration of Residence in Baltimore. 8 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH March 30th 1838

AGE 70 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gottlieb Tiemann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna W Engelkind

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Tiemann

(Address) 509 N. Wolfe st.

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2d 1908 to Oct 8th 1908

that I last saw h.. alive on Oct 8th 1908,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Arterio sclerosis

(DURATION) 36 DAYS

(Signed) Edw. M. Shipwood M.D.

Address 5 N. Washington pl.

Date Oct 8th 1908

Place of Burial Trinity Lutheran Cemetery

Date October 12th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16233

120

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B C16233

City of Baltimore, (No. 1628, E Lafayette ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh S. Spencer

### PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | male |
| COLOR | White |
| DATE OF BIRTH | September 29 1843 (Month) (Day) (Year) |
| AGE | 65 years, — months, 9 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | married |
| BIRTHPLACE (State or country) | Baltimore City |
| FULL NAME OF FATHER | Hugh Spencer |
| BIRTHPLACE OF FATHER (State or country) | England |
| MAIDEN NAME OF MOTHER | Not Known |
| BIRTHPLACE OF MOTHER (State or country) | England |
| OCCUPATION OF DECEASED | Engineer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret S Spencer

(Address) 1628 E Lafayette ave

Filed 10/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from December 1907 to Oct 8 1908 that I last saw him alive on Oct 8 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Unknown (DURATION) DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) A D Macdonald M. D.

Oct 8 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | Oct 11th 1908 |
| UNDERTAKER | ADDRESS |
| George Schilling & Sons | 1126 E Monument |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause* and date of death.

Ward 1 Registered No. B C16234

C16234

# CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2018 Ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Wiegner

{ Residence, if in Baltimore, Give Street and Number. } 2018 Ashland ave

Duration of Residence in Baltimore. 40 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1, 1852

AGE 56 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Sauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Bauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta C. Harwig

(Address) 2018 Ashland av

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1908 to Oct 8 1908

that I last saw h[illegible] alive on 190[illegible],

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

3 Months (DURATION) DAYS

Contributory (Primary) Ca[illegible] Stomach (DURATION) DAYS

(Signed) W. J. Rypaun M.D.

Address 2018 Ashland ave

Date Oct. 8. 1908.

Place of Burial New Jerusalem

Date Oct 10 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C16235 Registered No. B 151

# CERTIFICATE OF DEATH.

(Place of Death.) No. 727 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Robt H. & Angie C. Howeth

{ Residence, if in Baltimore, Give Street and Number. } 727 N. Central ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 8 1908

AGE Seven hours years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robt H. Howeth

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER angie C. Hunt

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. H. Howeth

(Address) 727 N. Central

Filed 10/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1908 to Oct. 9, 1908 that I last saw him alive on Oct. 8 1908, and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) — DAYS

Contributory (Primary.) Congenital

(DURATION) ½ DAYS

(Signed) [illegible] M.D.

Address 1205 E. Preston St.

Date Oct. 9, 1908.

Place of Burial Methodist Cemetery

Date Oct. 10, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

§ Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Read this

**HEALTH DEPARTMENT, City of Baltimore.**

Ward 9 Registered No. C C16236

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Garrison Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley Hammond

Residence, Give Street and Number, 1302 Maiden Alley

Duration of Residence in Baltimore, —

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR Black.

DATE OF BIRTH 1

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Chas Hammond

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER Lizzie Hammond

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Hammond

(Address) 1302 Union Alley

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Oct 7 1908

that I last saw him alive on Oct 7 1908

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Hernia & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary Phthisis

& Chronic Nephritis (DURATION) — DAYS

(Signed) [illegible] M. D.

Address Baptist Infirmary

Date Oct 8 1908

Place of Burial Mayotta Cemetery

Date Oct 11 1908

Undertaker John W Henderson

Address 31 N Caroline St

Remarks

Ward 11 C16237 Registered No. B C16237

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 174 Dolphin (alley) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Inf of John Bowler

Full Name Not named

{ Residence, if in Baltimore, Give Street and Number. } 174 Dolphin St

Duration of Residence in Baltimore. Lived on 5 minutes

## PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH Oct 8 1

AGE — — mints 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Bowler

BIRTHPLACE OF FATHER (State or country) Essex Co Va

MAIDEN NAME OF MOTHER anna Bowler

BIRTHPLACE OF MOTHER (State or country) Essex Co Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Davis

(Address) 174 Dolphin St

Filed 10/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1908 to Oct 8 1908

that I last saw h.. on alive on Oct 8 1908,

and that death occurred, on the date stated above, at 3:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

died from nature weakness (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W Grant Scott M.D.

Address 357 N. Biddle St

Date Oct 8 th 1908

Place of Burial Mount Zion

Date Oct 9 1908

Undertaker John H Owens

Address 1122 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 — C16238 — Registered No. B C16238

# CERTIFICATE OF DEATH.

79.

(Place of Death.) No. 16 N. Pulaski St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza Helen Jones

{Residence, if in Baltimore, Give Street and Number.} 16 N. Pulaski St.

Duration of Residence in Baltimore. 44 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 3 1833

AGE: 74 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Prince Georges, Co. Md.

FULL NAME OF FATHER: Wm. H. Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Downes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Chas Jones

(Address) 16 N. Pulaski St

Filed 10/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1907 to Oct. 8th 1908

that I last saw h[illegible] alive on Oct. 7th 1908

and that death occurred, on the date stated above, at 9.55 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) — DAYS

Contributory (Primary.) Organic Valvular disease of Heart (DURATION) — DAYS

(Signed) Clarke Gibb M.D.

Address 1111 W. Lanvale St.

Date Oct. 8th 1908

Place of Burial London Park Cem

Date October 11 1908

Undertaker J. & J. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C1625. C16239 Registered No. B

# CERTIFICATE OF DEATH.

(Place of Death.) No. 522 N. Stockton Street, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Brown,

{Residence, if in Baltimore, Give Street and Number.} 522 N. Stockton Street.

Duration of Residence in Baltimore. About 35 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Black.

DATE OF BIRTH Oct 9th 1908

AGE About 76 years. ..... years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Jobbing work, Whenabe

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Byers

(Address) 1422 P Emmet

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1908

I HEREBY CERTIFY, That I attended deceased from About July 1908 to Oct 9th 1908 that I last saw him alive on Oct 8th 1908, and that death occurred, on the date stated above, at 12-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular heart disease

(DURATION) DAYS

Contributory (Primary.) A poor digestion,

several years (DURATION) DAYS

(Signed) J. Ridgely Hammond M.D.

Address 502 N. Carey Street.

Date October 9th 1908

Place of Burial National Cemetery

Date Oct 11th 1908

Undertaker J E Hough Co

Address 1422 P Emmet

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

# CERTIFICATE OF DEATH.

Registered No. B C16240

City of Baltimore, (No. 1904, Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Owen H Thomas

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July (Month) 12 (Day) 1859 (Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Edw. T. Thomas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Adelia Frazier

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Tinner Carman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Thomas

(Address) 1904 N. Payson St

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Oct-8 1908

that I last saw him alive on Oct-8 1908,

and that death occurred, on the date stated above, at 11.40 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

Senile (DURATION) ... DAYS

Contributory Valvular Disease Heart & Nephritis (DURATION) 1 Yr DAYS

(Signed) B B Batting for self & J C Clarke M. D.

190 (Address) 1404 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 11 1908

UNDERTAKER: Harry W. Ehlen — ADDRESS: 1944 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C16241 Registered No. C 166

# CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonio Yaguesso

Residence, Give Street and Number, 10 E. Lafayette ave

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Italy

FULL NAME OF FATHER: Ambroie Yaguesso

BIRTHPLACE OF FATHER (State or county): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Italy

OCCUPATION OF DECEASED: laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Yaguesso

(Address) 16 W Lafayette Ave

Filed 10/10 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 8 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h... alive on ..... 190 ....

and that death occurred, on the date stated above, at 6:15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Shock & Injuries from Railroad Accident on Oct 8

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Chas. Smithmeier M. D.

Address The Walbert Comm.

Date Oct 10 190 8

Place of Burial St. Vincents.

Date Oct 12 190 8

Undertaker Wm Cook

Address 501 E Fort Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C16242

Registered No. B C16242

# CERTIFICATE OF DEATH.

90

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Kamm

{ Residence, if in Baltimore, Give Street and Number. } 2038 Eastern Ave

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1864

AGE: 44 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Kamm

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Kate Kamm

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kamm

(Address) 1820 N. Bethel st

Filed 10/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5" 1908 to Oct 8" 1908

that I last saw h alive on Oct 8" 1908,

and that death occurred, on the date stated above, at 5-10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. M. Hanes M.D.

Address Johns Hopkins Hospital

Date Oct 9" 1908

Place of Burial Baltimore Cemetery

Date October 11 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward.....

C16243

Registered No. C16243

# CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Hare St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Ludwig

Residence, Give Street and Number, 916 Hare St

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: —

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: James Keys

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Eliza Owens

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G Ludwig

(Address) 916 Hare St

Filed 10/10 1908

Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 8th 1908

I HEREBY CERTIFY, That I attended deceased from 1904 Sept 20th to Oct 8 1908

that I last saw her alive on Oct 8 1908

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia & Cardiac dilatation.

(DURATION) 3 or 4 DAYS

Contributory (Primary) Chronic Interstitial Nephritis.

(DURATION) 1 Year DAYS

(Signed) [illegible] M. D.

Address Cator & Gilman Sts

Date Balto Oct 9 1908

Place of Burial Mt Carmel Cemetery

Date October 11th 1908

Undertaker Wm Coad

Address 502 E North Ave

Remarks HARRY C. ANDREWS, PERMIT CLERK.

Ward 6 C16244 Registered No. B

# CERTIFICATE OF DEATH.

28

(Place of Death.) No. 101 N. Rose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mildred Veseley

{ Residence, if in Baltimore, Give Street and Number. } 101 N. Rose st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 6 1906

AGE 2 years, 4 months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frank Veseley

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Mary Musick

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Veseley

(Address) 101 N. Rose st.

Filed 10/10 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1908 to Oct. 9 1908 that I last saw h[er] alive on Oct. 8 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis.

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk Ave

Date October 9, 1908

Place of Burial Oak Hill Cem.

Date Oct. 10 1908

Undertaker J. J. Kern

Address 1914 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 16245

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Long.

Residence, Give Street and Number, St. Vincents Infant Asy

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH Sept. 1, 1907

AGE ... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy.

(Address) ...

Filed 10/10 1908

HARRY C. ANDREWS
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 8 1908

that I last saw him alive on Oct. 8 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) John O Manning M. D.

Address St Vincents Hospital

Date Oct. 9 1908

Place of Burial Mount Cathedral

Date Oct-10 1908

Undertaker Martin Baker Bros

Address 400 Lafayette Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C16246

179

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Gross

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Mn.

COLOR Ct.

DATE OF BIRTH ..... 1908

AGE ..... years, 3 months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 10/10 1908 HARRY O. ANDREWS, Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 9 1908

I HEREBY CERTIFY, That I attended deceased from Oct-1 1908 to Oct. 9 1908

that I last saw him alive on Oct 9 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Lewis C Manning M. D.

Address St Vincents Hospital

Date Oct. 10 1908

Place of Burial Mount Calvary

Date Oct. 10 1908

Undertaker Martin Baker & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16247

C16247

151

# CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Vincent Roderiz

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Sept 7 1908

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 10/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 9 1908

I HEREBY CERTIFY, That I attended deceased from Oct-1 1908 to Oct. 8 1908

that I last saw h-- alive on " " 1908

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John B Manning M. D.

Address St Vincents Hospital

Date Oct 9 1908

Place of Burial Mt Car Cathedral

Date Oct 9 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C16248 Registered No. B

# CERTIFICATE OF DEATH.

C16248

(Place of Death.) No. Bay View Hospital, Insane Dept St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Oliver R. Roden

{ Residence, if in Baltimore, Give Street and Number. } 1319 McElderry St

Duration of Residence in Baltimore. All 32 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1868

AGE: 40 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Josh Roden

BIRTHPLACE OF FATHER (State or country): S.C

MAIDEN NAME OF MOTHER: Louisa Read

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Roden 14th ward.

(Address) S.W Cor Guilford ave

Filed 10/10 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1908

I HEREBY CERTIFY, That I attended deceased from August 19 1908 to Oct 8 1908

that I last saw him alive on Oct 8 1908

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tumor of the Brain

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum.

Date October - 8 - 1908

Place of Burial Asbury Cemetery

Date October 11th 1908

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14

Registered No. C 16249 19

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Penna. Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos A Sorrell

Residence, Give Street and Number, 521 Hoffman St.

Duration of Residence in Baltimore, About 5 years.

## PERSONAL AND STATISTICAL PARTICULARS.

| SEX | COLOR |
|---|---|
| Male | Colored |

DATE OF BIRTH ..... 1

AGE About 68 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER Edward Sorrell

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Sorrell

(Address) 1602 Druid Hill Ave

Filed 10/10 190 8 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 8 190 8.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 701 N. Lafayette Ave (Corner)

Date Oct 8 190 8.

Place of Burial National Cemetery

Date October 10 190 8

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 17 C1625

Registered No. B C162591

# CERTIFICATE OF DEATH.

(Place of Death.) No. 217 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Augustus Bryan

{Residence, if in Baltimore, Give Street and Number.} 217 N. Vincent St.

Duration of Residence in Baltimore. Lifetime

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 1st 1840

AGE: 40 years, 0 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): dont Know

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): dont Know

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Bryan

(Address) 217 N. Vincent St.

Filed 10/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1908 to Oct 8" 1908 that I last saw her alive on Oct 8" 1908 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Con'tributory (Primary) Duodenal Carcinoma (DURATION) 63 DAYS

(Signed) W Blaney M.D.

Address 1108 E. Fillmore St.

Date Oct 8" 1908

Place of Burial Mt Auburn

Date Oct the 11th 1908

Undertaker Mfred J. Friedlond

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 11 Registered No. C 14251 1166

# CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Knisch (Krich)

Residence, Give Street and Number, 15-0 Element St

Duration of Residence in Baltimore, 4 yrs

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH May 8. 1848

AGE 60 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Hungary

FULL NAME OF FATHER Peter Knich.

BIRTHPLACE OF FATHER (State or couuty) Hungary.

MAIDEN NAME OF MOTHER Christine Kurz.

BIRTHPLACE OF MOTHER (State or county) Hungary.

OCCUPATION OF DECEASED Steamerworker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nikolaus Knich

(Address) 1507 Clement St

Filed Oct. 10 1908 Registrar. HCW

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 9 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia Coma

(DURATION) DAYS

Contributory (Primary) Fracture upper third L. femur. Hæmorrhage & Edema of Lungs

(DURATION) DAYS

(Signed) W. T. Tuley, Coroner M. D.

Address 1039 Riesling

Date October 9th 1908

Struck by boards from derrick. Ac

Place of Burial Holy Cross Cem Co.

Date Oct. 12th 1908

Undertaker Jos. Stumterlucht

Address 1318 Light St.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C16252

# CERTIFICATE OF DEATH.

(Place of Death.) No. 216 Dolphin Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arianna Ringgold

{Residence, if in Baltimore, Give Street and Number.} ~~3F~~ 216 Dolphin Street

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Seal

DATE OF BIRTH —— 1

AGE 90 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) ——

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) 216 Dolphin St

Filed Oct 10 1908 Registrar

GCW

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9th, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Oct 9th 1908 that I last saw her alive on Oct 4th 1908, and that death occurred, on the date stated above, at 9-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Pylorus

(DURATION) 30 DAYS

Contributory (Primary.) Senile debility

(DURATION) 5yrs DAYS

(Signed) D. Grantfoott M.D.

Address 354 W. Biddle street

Date Oct 10th, 1908

Place of Burial Laurel Cemetery

Date Oct 11 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 016253

# CERTIFICATE OF DEATH.

179

(Place of Death.) No. 805 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Wansowicz (Wansowicz)

{Residence, if in Baltimore, Give Street and Number.} 805 S. Dallas St

Duration of Residence in Baltimore. Life time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 6th 1908

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wizenty Wansowicz

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Zofia Zak

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wizenty Wansowicz

(Address) 805 S. Dallas St

Filed Oct 10 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1908

I HEREBY CERTIFY, That I attended deceased from October 8 1908 to October 8 1908 that I last saw him alive on October 8 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy (DURATION) 9 DAYS

Contributory (Primary.) Heart

Fatty tumor (DURATION) 1 DAYS

(Signed) S. J. Szumalski M.D.

Address 1713 Bank St

Date October 9th 1908

Place of Burial M. F.

Date OCT 10 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. A. BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C16254

105

# CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S. Collington Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genovova Novak

Residence, Give Street and Number, 513 S. Collington Ave.

Duration of Residence in Baltimore, Life.

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 1 years, 6 months, 2 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Frank Novak

BIRTHPLACE OF FATHER. (State or county) Germany

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Mahan

(Address) 233 S. Washington

Filed Oct 10 1908 Registrar.

Remarks .....

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 9" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 9 1908

that I last saw h as alive on Oct 9 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Enteritis

(DURATION) 10 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. Valentine M. D.

Address 160 Brady

Date Oct 10 1908

Place of Burial Holy Rosary Cem

Date Oct. 10" 1908

Undertaker Kendall Dispal & Son

Address 330 S. Bond St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

Ward ..... C16255 Registered No. B ..... C16255

41

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria L Fauntleroy

{Residence, if in Baltimore, Give Street and Number.} 1012 Park Ave

Duration of Residence in Baltimore. 28 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Maria L Bibbey

BIRTHPLACE OF MOTHER (State or country): Carolina Co Va.

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Fauntleroy

(Address) 1012 Park Ave

Filed Oct 10 1908

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 — 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Oct 9 1908

that I last saw h e alive on Oct 9 1908,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Emaciation &
Bile Poisoning

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Colon Liver Etc (DURATION) DAYS

(Signed) M a Wemberg M.D.

Address 742 W Fayette St.

Date Oct 10 1908.

Place of Burial Laurel Cemetery

Date October 11th 1908

Undertaker Felix B Pyc

Address 1026 Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

# HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C16256 Registered No. C C16256

## CERTIFICATE OF DEATH. 27

(Place of Death.) No. 120 Druid Ave. Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Fair.

Residence, Give Street and Number, 120 Druid ave

Duration of Residence in Baltimore, 19 Years

### PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH September 22nd 1874

AGE 34 years, 0 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Carroll Co. Md

FULL NAME OF FATHER Henry A. Fair

BIRTHPLACE OF FATHER (State or county) Carroll Co. Md

MAIDEN NAME OF MOTHER Johanna Lucabaugh

BIRTHPLACE OF MOTHER (State or county) Carroll Co. Md

OCCUPATION OF DECEASED Mill Hand.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Jacob. Fair

(Address) 120 Druid Ave

Filed Oct 10 1908 HARRY G. ANDREWS Registrar. PERMIT CLERK.

### MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 9th 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Oct 9 1908

that I last saw her alive on Oct 8 1908

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) 1 year DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) M. H. Fair M. D.

Address 12 E 25th

Date Oct 10th 1908

Place of Burial Lazarus Church Carroll Co Md

Date October 12th 1908

Undertaker Wm E. Chenoweth & Son

Address 919 3rd Ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C C16257

116

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1156 Scott St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Cecil Sandrum

Residence, Give Street and Number, 1156 Scott St.

Duration of Residence in Baltimore, 12 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 1893

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Virginia

FULL NAME OF FATHER: Joseph Sandrum

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Mary E. Ashly

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben. F. Sandrum

(Address) 1156 Scott St.

Filed Oct 10 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

Remarks

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1908 to Oct. 9, 1908

that I last saw h living alive on Oct. 9, 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

General Suppurative Peritonitis (DURATION 7 DAYS)

Contributory (Primary) (Intussusception) (DURATION) ... DAYS

(Signed) J. C. Trumbkin M. D.

Address 653 Columbia ave

Date Oct. 9, 1908.

Place of Burial Loudon Park

Date October 11 190

Undertaker John G. Evans & Son

Address 1429 E Chase St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 11 C16258 Registered No. B

# CERTIFICATE OF DEATH.

151

(Place of Death.) No. 631 W Mulberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Unknown~~ William Hobbs

{Residence, if in Baltimore, Give Street and Number.} 631 W Mulberry St.

Duration of Residence in Baltimore. Thirty-two days.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 8 1908

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William Hobbs. ~~Unknown~~

BIRTHPLACE OF FATHER (State or country) Friendship Md. ~~Unknown~~

MAIDEN NAME OF MOTHER Lillian Eyler.

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Zetta Katzler

(Address) .....

Filed Oct 10 1908 HARRY G. ANDREWS. PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct 10 1908 that I last saw him alive on Oct 6 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) B. P. Strozy M.D.

Address 1722 N Smith

Date Oct 10 1908

Place of Burial Old Methodist Cemetery

Date Oct 11th 1908

Undertaker William H. Higdon

Address 851 Lemmon ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16259 C16259 Registered No. B [illegible] 64

# CERTIFICATE OF DEATH.

(Place of Death.) No. 16 W. North Avenue, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Stone Bruns

{Residence, if in Baltimore, Give Street and Number.} 16 W. North ave.

Duration of Residence in Baltimore. about 54 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: June 25. 1826

AGE: 82 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Virginia (Fredericksburg)

FULL NAME OF FATHER: Thomas Bowerbank Baxter

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Susan Katherine Stone

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: no occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert M. Bruns

(Address) 518 Park av. Baltimore

Filed Oct 10. 1908 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8. 1908.

I HEREBY CERTIFY, That I attended deceased from [illegible] 1900 to Oct 8 1908.

that I last saw h[illegible] alive on Oct 8 1908,

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Primary Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Hemiplegia - Paralysis -

(DURATION) 1½ years ~~DAYS~~

(Signed) Herbert M. Bruns M.D.

Address 19 W. Biddle St

Date Oct 9. 1908 1908

Place of Burial Greenmount Cemty

Date October 11 de 1908

Undertaker Henry H. Jenkins & Son Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

Registered No. C 016360

# CERTIFICATE OF DEATH.

47

(Place of Death.) No. 925 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James T. Barlow

Residence, Give Street and Number, No. 925 E. Hoffman St

Duration of Residence in Baltimore, 56 years

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1.....

AGE 70 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Ohio

FULL NAME OF FATHER Thomas Barlow

BIRTHPLACE OF FATHER (State or couuty) England

MAIDEN NAME OF MOTHER Susanna Smith

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Paper hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 925 E. Hoffman

Filed 10/10 1908

MARY O. ARD... Registrar.
...ERK

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 8, 1908

I HEREBY CERTIFY, That I attended deceased from July 1, 1908 to Oct 8, 1908 that I last saw him alive on Oct 8, 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

General Dropsy due Cardiac Hypertrophy

Several Months (DURATION) ..... DAYS

Contributory (Primary) Pneumonia Lobar a few days

Rheumatism (DURATION) ..... DAYS

(Signed) R. R. Elwell, M. D.

Address 1741 Harford Ave

Date Oct 9 1908

Place of Burial Greenmount

Date Oct 11 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

# CERTIFICATE OF DEATH.

Registered No. B 216261

City of Baltimore, (No. Garrett Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David E. Yealy

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 19 (Day) 1907 (Year)

AGE: 1 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob E. Yealy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Minnie Baxter

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob E. Yealy

(Address) No. 1400 - 5th St.

Filed 10/11 1908 HARRY O. ANDREWS Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 10. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1908 to Oct 9. 1908 that I last saw h.. alive on Oct 9 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 10 DAYS

Contributory Mal Nutrition

(DURATION) ..... DAYS

(Signed) F. W. Tanner M. D.

Oct 10 1908 (Address) 317 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Johns Cemetery Adams Co. Pa

DATE OF BURIAL: Oct 12 1908

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B C16262

C16262

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 132 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Scott

{Residence, if in Baltimore, Give Street and Number.} 132 N. Washington St

Duration of Residence in Baltimore. Seventy (70) Years

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX | Male |
| COLOR | Brown |
| DATE OF BIRTH | Aug. 20 1816 |
| AGE | 92 years, 1 months, 19 days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |
| BIRTHPLACE (State or country) | Kent Co Md |
| FULL NAME OF FATHER | John Scott |
| BIRTHPLACE OF FATHER (State or country) | Kent Co Md |
| MAIDEN NAME OF MOTHER | Maria Johnson |
| BIRTHPLACE OF MOTHER (State or country) | Kent Co Md |
| OCCUPATION OF DECEASED | Messenger |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt G. Scott (son)

(Address) 132 N. Washington St

Filed 10/11 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3d 1908 to Oct 9th 1908

that I last saw h[im] alive on Oct 9th 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia Coma

(DURATION) DAYS

Contributory (Primary.) Generne Senile

(DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette St

Date Oct 11th 1908

Place of Burial Laurel Cemetery

Date Oct 12 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C16263 Registered No. B C16263

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1536 N. Washington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number) 47

Full Name Henry F. Gratz

{Residence, if in Baltimore, Give Street and Number.} 1536 N. Washington st.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 10 1843

AGE: 65 years, 5 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Gratz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Cusach

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine R. Gratz

(Address) 1536 N. Washington st

Filed 10/11 1908 HENRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 8 1908 190

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 8 1908

that I last saw h~~im~~ alive on Oct 7 1908

and that death occurred, on the date stated above, at 7 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism followed

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Nelson M.D.

Address 1103 W. Sutton ave

Date OCT 8 1908 190

Place of Burial Oak Lawn Cem

Date OCT 11 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B C16264 (C16264)

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 N. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Georgeanna Penna

{Residence, if in Baltimore, Give Street and Number.} 1807 N. Wolfe st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 17 1851

AGE: 57 years, 6 months, ..... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo Mann

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Padwaldeu

(Address) 305 N. Broadway

Filed 10/11 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 10 1908 190

I HEREBY CERTIFY, That I attended deceased from Oct 190 6 to Oct 10 190 8

that I last saw her alive on Oct 9 190 8

and that death occurred, on the date stated above, at 4.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Two years (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Wm T Watson M.D.

Address 2128 St Paul

Date OCT 10 1908 190

Place of Burial London Park Cemetery

Date Oct 12 190 8

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C16265 Registered No. B

# CERTIFICATE OF DEATH. 93

(Place of Death.) No. 811 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary McGowan

{Residence, if in Baltimore, Give Street and Number.} 811 N Wolfe st

Duration of Residence in Baltimore. 55 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 17" 1853

AGE 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Broyan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Honorah Broyan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah McGowan

(Address) 811 N. Wolfe st

Filed 10/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1908 to Oct. 10 1908 that I last saw her alive on Oct. 9" 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) . DAYS

Contributory (Primary.) Pneumonia.

(DURATION) 8 DAYS

(Signed) H. McGadden. M.D.

Address 763 York Rd

Date Oct. 10/08. 1908

Place of Burial St Marys Gdns

Date Oct. 12" 1908

Undertaker Geo M. Fink

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 15

Registered No. C 16366

# CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1412 N. Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Greene

Residence, Give Street and Number, 1412 N. Bruce St.

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 81 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Rice

(Address) 1412 Bruce St

Filed Oct 11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 9 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary) Cerebral Hem

morrhage (DURATION) DAYS

(Signed) Lionel Baldwin M. D.

Address 700 N. Laf. Ave. Coroner

Date Oct 10 1908.

Place of Burial Laurel Cem

Date Oct 12 08 1908

Undertaker Alex Hendley

Address 578 W. Biddle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 0 Registered No. B C16267

# CERTIFICATE OF DEATH. 81

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria ~~Corgnett~~ Corgnet

{Residence, if in Baltimore, Give Street and Number.} 41 St. Ann's Ave.

Duration of Residence in Baltimore. 35 years.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Adams

(Address) 610 Arlington Ave

Filed Oct 11 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1908 to Oct. 10 1908 that I last saw h[illegible] alive on Oct. 10 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

(DURATION) DAYS

Con'ributory (Primary.) General arterio-sclerosis (DURATION) DAYS

(Signed) Wm. Schmith M.D.

Address City Hospital

Date Oct. 10 1908.

Place of Burial St. Peters Cem

Date Oct 12th 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C16268 Registered No. B ..... 104

# CERTIFICATE OF DEATH.

(Place of Death.) No. 718 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Wolff

{ Residence, if in Baltimore, Give Street and Number. } 718 N. Bradford st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 13 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Wolf

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Sedlacek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wolf

(Address) 718 N. Bradford St

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... ,

and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Joseph Carrera M.D.

Address Evans Neck

Date Oct. 10. 08. 190 .....

Place of Burial Holy Redeemer

Date Oct 12 1908

Undertaker Grant Brack Auton

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16269 Registered No. B ..... C16269

# CERTIFICATE OF DEATH.

119

(Place of Death.) No. 2118 E. Madison St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frances Nemec

{Residence, if in Baltimore, Give Street and Number.} 2118 E Madison st

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 28 1905

AGE: 3 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Josef Nemec

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Fanny Hanus

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Fanny Nemec

(Address) 2118 E. Madison

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1908 to Oct 10 1908

that I last saw h[illegible] alive on [illegible] 1908, and that death occurred, on the date stated above, at 5.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchopneumonia

Nephritis

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Exhaustion (DURATION) DAYS

(Signed) W. J. Pyeatt M.D.

Address 2008 Ashland Ave

Date Oct 12th 08 1908

Place of Burial Mt Olivet

Date Oct (12) 12 1908

Undertaker Frank Brach and Son

Address 1904 Ashland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16270 Registered No. B

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 223 2. Rose St St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Annie (~~White~~) Vesely

{Residence, if in Baltimore, Give Street and Number.} 223 2. Rose St.

Duration of Residence in Baltimore. 17 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Vesely

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Magnova

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Karel Vesely

(Address) 1538 N. Bond St

Filed 10/13 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11th 1905

I HEREBY CERTIFY, That I attended deceased from June 1st 1905 to Sept 12th 1905 that I last saw h[illegible] alive on [illegible] 1905 and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 9 E. Biddle St.

Date Oct 11th 1905

Place of Burial Holy Redeemer

Date Oct. 13 1905

Undertaker Frank Evach & Son

Address 1904 Ashland Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said ... the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case ... notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending ... setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether ... deceased, and the *cause and date of death*.

shall be ... this ... ate ... person

Ward ..... Registered No. C16271

33

# CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 E. Monument / St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fritz Horn

{ Residence, if in Baltimore, Give Street and Number. } 2022 E. Monument St

Duration of Residence in Baltimore. 25 yrs

## PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH April 13th 1861

AGE 47 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Fred. Horn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Leonhardt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Horn

(Address) 2022 E Monument St

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Oct~~ Oct 9th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Oct 9th 1908 that I last saw him alive on Oct 9th 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Tuberculosis

Kidneys & Bladder (DURATION) 1 yr, ~~DAYS~~

(Signed) A. G. Kytina M.D.

Address 2204 E. Monument St

Date Oct 9th 1908

Place of Burial Oak Lawn

Date Oct 12 1908

Undertaker Wm. Schaffer

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C14272 Registered No. C14277

# CERTIFICATE OF DEATH.

(Place of Death.) No. 215 Myrtle Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Dellehunt Benzon

Residence, Give Street and Number, 215 Myrtle Av

Duration of Residence in Baltimore, Life time

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH ..... 1 .....

AGE 30 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Chas E Ehman

BIRTHPLACE OF FATHER (State or couuty) Balto City

MAIDEN NAME OF MOTHER Ida Dellehunt

BIRTHPLACE OF MOTHER (State or couuty) Wash D C

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Benzon

(Address) 215 Myrtle Av

Filed 10/13 1908 HARRY C. ANDERSON Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 10th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 26 1908 to Oct. 10, 1908

that I last saw her alive on Oct. 2 1908

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) S. Wolman M. D.

Address 124 N. Broadway

Date Oct 13 1908

Place of Burial Western Cemetery

Date October 12th 1908

Undertaker Wm Cook

Address 502 E Monument

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 16273 Registered No. C

# CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1340 N Bond St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M Daley

Residence, Give Street and Number, 1340 Bond St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 10 1

AGE: 41 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md Balto

FULL NAME OF FATHER: John M Daley

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Ann Maguire

BIRTHPLACE OF MOTHER (State or county): Md Balto

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Daley

(Address) 1340 Bond St.

Filed 10/12 1908 HARRY C. [illegible] Registrar.

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 11 1908

that I last saw h[illegible] alive on Oct 10 1908

and that death occurred, on the date stated above, at 3 40 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Lobaris

(DURATION) 1 DAYS

Contributory (Primary) Acute Meningitis (DURATION) 4 DAYS

(Signed) Arthur Heyfort M. D.

Address 2037 Eutaw Place

Date Oct 11 1908

Place of Burial Loudon Park

Date October 13 1908

Undertaker John Boyle

Address 502 E Fayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

and the *cause and date of death.*

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C.162745

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 3 N. Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Inf of Chas & Grace Knobloch ~~Unnamed~~

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 10 (Day) 1908 (Year)

AGE: ..... years, ..... months, 1/24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: Charles Christian Knobelock

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Grace Elizabeth Buckley

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Knobloch

(Address) 3 N Eutaw St. Balto

Filed 10/12 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on Oct 10 1908,

and that death occurred, on the date stated above, at 3 30 P. M. The CAUSE OF DEATH was as follows:

Premature birth
(7 mos. pregnancy)

(DURATION) — DAYS

Contributory Unknown

(DURATION) — DAYS

(Signed) H. K. Arthur M. D.

Oct 10 1908 (Address) 1516 W. Lexington St.

**SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.**

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Oct. 12 1908

UNDERTAKER: J. Sandu Sons | ADDRESS: 1710 Bank St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, BALTIMORE, MD.

Ward 7 C16275 Registered No. C C16275

# CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1356 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Matthews

Residence, Give Street and Number, 1356 Cleveland

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1850

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Agustus Matthews

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Catherine Howard

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Matthews

(Address) 1356 Cleveland St.

Filed 10/12 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sunday Oct 11 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Probable Heart

clot. (DURATION) DAYS

(Signed) Herbert C Blake M. D.

Address 1014 N. La Fayette.

Date Coroner 1908

Place of Burial Mt. Zion Cemetery

Date October 12 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

*twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C16276 Registered No. B

# CERTIFICATE OF DEATH. 27

(Place of Death.) No. 124 Brady Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Deaver

{Residence, if in Baltimore, Give Street and Number.} 124 Brady Ave

Duration of Residence in Baltimore. Life-time

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John T. Deaver

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kate Deaver

(Address) 124 Brady Ave.

Filed 10/12 1908 WM. C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Oct 10 1908

that I last saw h— alive on Oct 10 1908

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmidt M.D.

Address 424 East 23d St

Date Oct 10, 1908

Place of Burial Laurel Cemetery.

Date Oct. 13th 1908

Undertaker Felix B. Tye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 16277

# CERTIFICATE OF DEATH.

120

(Place of Death.) No. 13 Merrymans Lane St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Moses Hunstard

{ Residence, if in Baltimore, Give Street and Number. } 13 Merrymans Lane

Duration of Residence in Baltimore. Not Known

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 56 years, ..... months, ..... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Tenn.

FULL NAME OF FATHER: John Hunstard

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Culpepper Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Morton

(Address) 17 Merrymans Lane

Died 10/12 1908 - HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 20th 1908 to Oct 7th 1908

that I last saw him alive on Oct 5th 1908

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Poisoning

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis (DURATION) Months DAYS

(Signed) William Pillsbury M.D.

Address 2801 York Road

Date Oct 11th 1908

Place of Burial Mt Olivet Cemetery

Date October 12 1908

Undertaker R A Elliott

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C16228

94

# CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Clancy.

{ Residence, if in Baltimore, Give Street and Number. } #707 Harford Ave.

Duration of Residence in Baltimore. Life

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | Col |
| DATE OF BIRTH | — 1 — |
| AGE | 48 years, — months, — days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widowed |
| BIRTHPLACE (State or country) | Balto Md. |
| FULL NAME OF FATHER | Unknown |
| BIRTHPLACE OF FATHER (State or country) | Unknown |
| MAIDEN NAME OF MOTHER | Unknown. |
| BIRTHPLACE OF MOTHER (State or country) | Unknown |
| OCCUPATION OF DECEASED | Driver |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bowsen

(Address) 707 Harford Ave

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1908 to Oct 9th 1908 that I last saw him alive on Oct. 9th 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhages of Liver

— (DURATION) — DAYS

Contributory (Primary.) Pleurisy

(DURATION) 3 DAYS

(Signed) John J. Duck M.D.

Address #436 E. Monument St.

Date October 10th 1908

Place of Burial Laurel

Date Oct 12 1908

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 1

Registered No. C 16279

# CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 17

Full Name Mary Ann Lockwood (Lockins)

Residence, Give Street and Number, 1018 E. Madison St

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B.

DATE OF BIRTH —

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Oct 10 1908

that I last saw her alive on Oct 10 1908

and that death occurred, on the date stated above, at 4 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion + Senility

(DURATION) 16 DAYS

Contributory (Primary) Pthisis

(DURATION) DAYS

(Signed) W H Tebbs M. D.

Address Bay View Hospital

Date Oct 10 1908

Place of Burial Mt Auburn

Date October 13th 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C16280 Registered No. B C16280

# CERTIFICATE OF DEATH.

(Place of Death.) No. 838 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Roche

{ Residence, if in Baltimore, Give Street and Number. } 838 W. Lexington

Duration of Residence in Baltimore. Fifty two years

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 10 1831

AGE 77 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Roche

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Conners

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None at present

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. P. McConnick

(Address) 1421 Eutaw Place

Filed 10/12 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Oct 11 1908 that I last saw him alive on Oct 9 1908, and that death occurred, on the date stated above, at 1-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs

(DURATION) DAYS

Contributory (Primary. Nephritis

Arterio Sclerosis (DURATION) DAYS

(Signed) Thos. P. McConnick M.D.

Address 1421 Eutaw Place

Date Oct 14 1908

Place of Burial New Cathedral Cemetery

Date Oct 14 # 1908

Undertaker H. C. Branning & Son

Address S. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

TO BE FILLED OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C16281

Registered No. B

City of Baltimore, (No. ~~64~~ 1622 W. Fayette St.; ~~St~~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Ullrich Lauritzen

## PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: June 6 (Month) (Day) 1849 (Year)

AGE: 59 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ernest H. Ullrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalene Lowe

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lartovisky

(Address) 1622 W. Fayette St

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 11 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to Oct. 10 1908, that I last saw her alive on Oct. 10 1908, and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH was as follows:

Diabetic Coma

(DURATION) 2 DAYS

Contributory Diabetes

(DURATION) 10 yrs DAYS

(Signed) T. Harris Saunders M.D.

Oct. 11 1908 (Address) 401 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 714 Fulton Ave. How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? Balto. City.

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Oct 13 1908 |
| UNDERTAKER | ADDRESS |
| Geo. C. Smith & Co | 1000 W. Fayette St |

WM. J. C. DULANY CO., BALTIMORE

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

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## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Registered No. B 016282

City of Baltimore, (No. Nursery & Childs Hosp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Hayo

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: April 16 (Month) (Day) 1905 (Year)

AGE: ..... years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.,

(Informant) Victor Bridden

(Address) Nursery & Childs Hosp.

Filed 10/12 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to Oct 7 1908 that I last saw her alive on Oct 8 1908, and that death occurred, on the date stated above, at 11 45 A.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) Life DAYS

Contributory

(DURATION) DAYS

(Signed) G. L. Burton M. D.

Oct 9 1908 (Address) 222 E Cross St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 12 1908

UNDERTAKER: Jno. J. Smith 60

ADDRESS 1000 Fayette St

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C16283 Registered No. B

# CERTIFICATE OF DEATH.

66

(Place of Death.) No. 765 N Gross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clemence Warns

{ Residence, if in Baltimore, Give Street and Number. } Lfe 76 N Gross st

Duration of Residence in Baltimore. Lfe

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 27 1861

AGE: 47 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Warns

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margt Offendorf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Warns

(Address) 76 N Gross st

Filed 10/12 1908

BARRY C. ANDREWS Registrar
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1908 to Oct. 11, 1908 that I last saw h[illegible] alive on Oct. 10, 1908, and that death occurred, on the date stated above, at 7-30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Trumpkins M.D.

Address 653 Columbia Ave

Date Oct. 11, 1908

Place of Burial Greenmount cemetery

Date Oct 14 1908

Undertaker John F Gorman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C/6284

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# CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 N Stricklon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Moses Carter

{Residence, if in Baltimore, Give Street and Number.} 1119 N Stricklon st.

Duration of Residence in Baltimore. 30 yrs.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX: Male | COLOR: Colored |
| DATE OF BIRTH: 1 | |
| AGE: 56 years, months, days | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married | |
| BIRTHPLACE (State or country): Richmond Co Va | |
| FULL NAME OF FATHER: — | |
| BIRTHPLACE OF FATHER (State or country): — | |
| MAIDEN NAME OF MOTHER: — | |
| BIRTHPLACE OF MOTHER (State or country): — | |
| OCCUPATION OF DECEASED: Labor | |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lana Carter

(Address) 1119 N Stricklon st

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: October 11, 1908.

I HEREBY CERTIFY, That I attended deceased from October 7 1908 to Oct. 11 1908 that I last saw h[illegible] alive ou Oct. 9 1908, and that death occurred, on the date stated above, at 12:05 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure (DURATION) DAYS

Contributory (Primary.) Cerebral Hemorhage (DURATION) 14 DAYS

(Signed) Wm. H. Wright. M.D.

Address 1373 N. Carey St

Date Oct 11, 1908

Place of Burial Mount Zion

Date Oct 13 1908

Undertaker John H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150a

# CERTIFICATE OF DEATH.

C16285

Registered No. B.....

City of Baltimore, (No. 417 W. 26th St. St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Edwin Taylor

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Sept (Month) 17 (Day) 1908 (Year)

AGE: 0 years, 0 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Taylor

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Sarah Boner

BIRTHPLACE OF MOTHER (State or country): Wilmington, Del

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Virginia Thompson

(Address) 408 W 25th St

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Oct 10 1908 that I last saw him alive on Oct 10 1908, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Dyspnoea

(DURATION) 1/2 DAYS

Contributory Non Closure of Semi-lunar Valve (DURATION) 23 DAYS

(Signed) F B Marden M. D.

Oct 10 1908 (Address) 2401 Maryland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Oct 12/ 1908

UNDERTAKER: C A F Phelps

ADDRESS: 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# HEALTH DEPARTMENT, CITY OF BALTIMORE.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

# CERTIFICATE OF DEATH.

Registered No. B 016286

City of Baltimore, (No. 2601, York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John L. Fulton

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July (Month) 6 (Day) 1847 (Year)

AGE: 61 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Moses Fulton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Agnes Nelson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Locomotive Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate O'Connor

(Address) 726 E. 21st St.

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Oct 10 1908 that I last saw h[im] alive on Oct 10 1908, and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Gastritis

40 (DURATION) DAYS

Contributory Coma & Exhaustion

3 (DURATION) DAYS

(Signed) J. N. Robinson M. D.

Oct 12 1908 (Address) 726 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross | Oct 14 1908 |
| **UNDERTAKER** | **ADDRESS** |
| A. F. Philbin | 1711 Eutaw |

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

45

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. C16287

Registered No. B.....

City of Baltimore, (No. 648 W. Fayette St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Siegel

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1870 (Year)

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Moses Siegel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo Moses

(Address) Marlborough & Abt

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1908 to Oct 9th 1908

that I last saw her alive on Oct 9th 1908,

and that death occurred, on the date stated above, at 9.40 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of Lung

(DURATION) 180 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) William D. Inesrick M. D.

Oct 11th 1908 (Address) 606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel Hollow Cem DATE OF BURIAL OCT 12 1908

UNDERTAKER Turner & Co. ADDRESS 160 Madison

WM. J. C. DULANY CO., BALTIMORE.

**Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

# CERTIFICATE OF DEATH.

(Place of Death.) No. 928 Bevan St. C16288 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 120

Full Name Wilhemina V. Coz.

{ Residence, if in Baltimore, Give Street and Number. } 928 Bevan St.

Duration of Residence in Baltimore. Life.

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 31st 1864

AGE: 44 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Zerr

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Sophia Bottemeyer

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Brick (daughter)

(Address) 1117 Sterrett st

Filed 10/12 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Oct 9 1908.

that I last saw h[illegible] alive on Oct 9 1908.,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions

Uremic Poisoning. (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) C. Faulkner M.D.

Address 603 S. Stricker St

Date Oct 10 1908.

Place of Burial Druid Hill Park Cem

Date Oct 12th 1908

Undertaker B. Lehlbach & Son

Address 1029 Monroe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C16289 Registered No. B C16289

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1428 West Baltimore St

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Sallie Matthews Watts

{Residence, if in Baltimore, Give Street and Number.} 1428 West Baltimore St

Duration of Residence in Baltimore. 10 years

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 4 1898

AGE: 10 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Augustus R Watts

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Bessie R Heller

BIRTHPLACE OF MOTHER (State or country): Martinsburg W. Va

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sallie Mares

(Address) 1428 West Balto St

Filed 10/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10 at 12 o'clock 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1908 to Oct 10 1908

that I last saw h[illegible] alive on Oct 9th 1908

and that death occurred, on the date stated above, at 12 o'clock M.

I. CAUSE OF DEATH (Secondary or Immediate) Inability of the heart to pump blood to the lungs to be oxygenated. (DURATION) DAYS

Con'ributory (Primary.) Heart Disease (DURATION) DAYS

(Signed) Harry Gross M.D.

Address 909 Cathedral St

Date Oct 10 1908

Place of Burial Loudon Park

Date Oct 12 1908

Undertaker N J Tuckers Sons

Address W V Tuckers

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B C16290

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Michael J Phillips

{Residence, if in Baltimore, Give Street and Number.} 1215 N Balto St

Duration of Residence in Baltimore. Four weeks

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 11 1908

AGE: 56 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carol Co Md

FULL NAME OF FATHER: Edward S Phillips

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Parsons

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Phillips

(Address) 1215 N Balto St

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Oct 11 1908 that I last saw h-im alive on Oct 11 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

..... (DURATION) ..... DAYS

Contributory (Primary.) Heart Disease (DURATION) 18 Month.

(Signed) Henry B Cole M.D.

Address Franklin Square Hospital

Date Oct 11 1908

Place of Burial Oakland Carroll Co Md

Date Oct 13 1908

Undertaker Jos Block

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16291 Registered No. D 90

# CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Bigham

{Residence, if in Baltimore, Give Street and Number.} Dickeyville Md.

Duration of Residence in Baltimore. 6 days

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 26 1890

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Howard Widerman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katie Schlag

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Widerman

(Address) Dickeyville Md

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1908

I HEREBY CERTIFY, That I attended deceased from October 1 1908 to October 11 1908 that I last saw her alive on October 11 1908, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 8 DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date October 11 1908

Place of Burial Mt Olive Bath Co Md

Date Oct 13 1908

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16252

# CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Munyon

{ Residence, if in Baltimore, Give Street and Number. } E. Pratt St.

Duration of Residence in Baltimore.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| SEX | Male |
| COLOR | White |
| DATE OF BIRTH | 1873 |
| AGE | 35 years, months, days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | New Jersey |
| FULL NAME OF FATHER | Walter Munyon |
| BIRTHPLACE OF FATHER (State or country) | unknown |
| MAIDEN NAME OF MOTHER | unknown |
| BIRTHPLACE OF MOTHER (State or country) | unknown |
| OCCUPATION OF DECEASED | Laborer |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Res. Physician City Hospt

(Address)

Filed 10/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Oct. 9 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 2 1908 to Oct. 9 1908

that I last saw h[e] alive on Oct 9 1908,

and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Mitral regurgitation. Myocarditis.

(DURATION) DAYS

(Signed) Wm. Schmitt M.D.

Address City Hospital

Date Oct. 9 1908

Place of Burial Camden N.J.

Date Oct 12 1908

Undertaker M. Day Co & Son

Address 17 E. Lee St.

Commissioner of Health

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16253 8

# CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Maple Ave Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice May. Wells

{Residence, if in Baltimore, Give Street and Number.} 4 Maple Ave

Duration of Residence in Baltimore. life

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 22nd 1903

AGE 5 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Harry. Wells.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Maggie. Griffith

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry. Wells

(Address) 4 Maple ave.

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept-14 1908 to Oct-12 1908 that I last saw her alive on Oct-11 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Apnoea collapse

(DURATION) 5 DAYS

Contributory (Primary) Whooping Cough (DURATION) 28 DAYS

(Signed) Wm H Feldeman M.D.

Address 800 1st Ave

Date Oct 12th 1908

Place of Burial Holy Cross.

Date October 13th 1908.

Undertaker Wm. E. Chenoweth & Son

Address 919 - 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2. 9. 3. Registered No. C 16294

# CERTIFICATE OF DEATH.

117

(Place of Death.) No. 1 St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August M. Chesneau

Residence, Give Street and Number, Ste Mary's Seminary

Duration of Residence in Baltimore,

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) Boussay, Loire Inferieure, France

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED ~~Religious~~ Priest

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. A. Dyer, Asst.

(Address) St. Mary's Seminary, N. Paca St.

Filed 10/12 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 10th 190 8.

I HEREBY CERTIFY, That I attended deceased from Sept. 26th 190 8 to Oct. 10th 190 8.

that I last saw him alive on Oct. 10th 190 8.

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septicemia (Blood Poisoning)

(DURATION) 7. DAYS

Contributory (Primary) Dyspepsia

Appendicitis. (DURATION) 10. DAYS

(Signed) William L. Burns M. D.

Address St. Joseph's Hospital

Date Oct 10th 190 8.

Place of Burial St Marys Seminary Grounds N. Paca St.

Date Oct 13th 1908 190

Undertaker N. H. Equi Cinn Bond Co

Address 300 N. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C10295 C14295 Registered No. C

# CERTIFICATE OF DEATH.

(Place of Death.) No. 908 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. L. Kathman

Residence, Give Street and Number, 908 N. Central Ave.

Duration of Residence in Baltimore, Life

## PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: March 4 1883

AGE: 25 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Isadore L. Kathman

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Elizabeth A. Edelman

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Isadore Kathman

(Address) 908 N. Central Ave.

Filed 10/12 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 9. 1905

I HEREBY CERTIFY, That I attended deceased from Sept. 15. 1905 to Octo. 9. 1905

that I last saw him alive on - - 1905

and that death occurred, on the date stated above, at 5.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Paralysis of Brain Heart

(DURATION) DAYS

Contributory (Primary) Typhoid Fever (DURATION) 27 DAYS

(Signed) Geo. H. Hartman M. D.

Address 1121 N. Caroline St.

Date Balto. Md. Oct. 10. 1905

Place of Burial Holy Redeemer Cemetery

Date October 13 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16296 Registered No. [illegible]

# CERTIFICATE OF DEATH. 4

(Place of Death.) No. 1280 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie H. Deer

{ Residence, if in Baltimore, Give Street and Number. } 1280 Battery Ave.

Duration of Residence in Baltimore.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| SEX: Female | COLOR: White |
| DATE OF BIRTH | 1861 |
| AGE | 47 years, ... months, ... days |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | Single |
| BIRTHPLACE (State or country) | Balto. Md. |
| FULL NAME OF FATHER | Jno. F. Deer |
| BIRTHPLACE OF FATHER (State or country) | Virginia |
| MAIDEN NAME OF MOTHER | Margaret Herrman |
| BIRTHPLACE OF MOTHER (State or country) | Balto. Md. |
| OCCUPATION OF DECEASED | Saleslady |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Herrman

(Address) 1280 Battery Ave.

Filed

..... 190.....

HENRY C. ANDREWS, PERMIT CLERK, Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Sept 9th 1908 that I last saw her alive on Sept 8 1908 and that death occurred, on the date stated above, at 8 A.M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Recurrent type of Malarial Fever. followed by relapse one month (DURATION) 26 DAYS

Contributory (Primary.)

~~Relapse~~ (DURATION) 6 DAYS

(Signed) J. K. Wilson M.D.

Address 7 W. Mt. Vernon Pl

Date Oct 11th 1908

Place of Burial Loudon Park

Date Oct 12 1908

Undertaker Geo. F. Gahagan Son

Address 1232-6 Walbrook St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1529? C16297 Registered No. B

# CERTIFICATE OF DEATH.

27

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pierpont Pinkney.

{ Residence, if in Baltimore, Give Street and Number. } 934 N. Vincent St.

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Levin H. Pinkney

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Maggie Hill

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Errand boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Pinkney

(Address) 934 N. Vincent St

Filed 10/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Oct 11 1908 that I last saw h-im alive on Oct 10 1908, and that death occurred, on the date stated above, at 2:30 a M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) DAYS

(Signed) W. S. Jones M.D.

Address Md Homeo. Hosp.

Date Oct 11 1908

Place of Burial Mt Dixie Com

Date Oct 13 1908

Undertaker Sam'l H. Chase & Son

Address 1400 mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C16298 Registered No. B C16298

# CERTIFICATE OF DEATH.

(Place of Death.) No. 1369 N. Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John T. Hayes

{ Residence, if in Baltimore, Give Street and Number. } 1369 N. Calhoun St

Duration of Residence in Baltimore. Life

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1870

AGE: 38 years, ..... months, ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John H. Hayes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Frances A. Mayberry

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances A. Hayes

(Address) 1369 N. Calhoun St

Filed 10/12 1908 HENRY C. AMBRUSTER Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Oct 10 1908

that I last saw h— alive on Oct 9 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (Z.B.)

(DURATION) 2 Mos DAYS

Contributory (Primary.) Cy Hamberger

(DURATION) 2 Mos DAYS

(Signed) [illegible] M.D.

Address 711 S. Broadway

Date Oct 12th 1908

Place of Burial Mt. Auburn Cem

Date Oct 13th 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 016299 Registered No. 118

# CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Powell.

{Residence, if in Baltimore, Give Street and Number.} 2 days.

Duration of Residence in Baltimore. Salisbury Maryland

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: March 12th 1890

AGE: 13 years, ..... months, ..... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. J. Slaton

(Address) Md

Filed 10/12 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 - 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1908 to Oct 12th 1908 that I last saw h alive on Oct 12th 1908, and that death occurred, on the date stated above, at 2.10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Appendix Abscess

Post Operative Shock

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. K. Cullen M.D.

Address Johns Hopkins Hospital

Date Oct 12 1908

Place of Burial Salisbury Md

Date Oct 12 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 26th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C-13925 1/13/08 AND ENDING WITH C-16299 10/12/68 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Kline




# END OF REEL